

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2000 8:00 am
Secretary of State

02-21-2000 90013 004 ****61.25

DOCUMENT # 734548

1. Entity Name

OCEAN VIEW ASSOCIATION, INC.

Principal Place of Business

2375 NE OCEAN BLVD.
 D-102
 STUART FL 34996
 US

Mailing Address

PLANTATION MANAGEMENT CO.
~~2975 NE OCEAN BLVD.~~
~~D-102~~ **662 NE OCEAN BLVD**
 STUART FL 34996-0004
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

PLANTATION MANAGEMENT

Suite, Apt. #, etc.

662 NE OCEAN BLVD

City & State

City & State
STUART, FL

4. FEI Number

59-1877464

Applied For

Not Applicable

Zip

Country

Zip

Country

34996

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORNETT, JANE L.
401 EAST OCEOLA STREET
FIRST FLOOR- RIVER OAK CENTER
STUART FL 34994

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	SCOENBERG, DICK	
STREET ADDRESS	662 NE OCEAN BLVD.	
CITY-ST-ZIP	STUART FL 34996	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CARBONE, EDIE	
STREET ADDRESS	662 NE OCEAN BLVD.	
CITY-ST-ZIP	STUART FL 34996	
TITLE	TD	<input type="checkbox"/> Delete
NAME	GEBHARDT, JOE	
STREET ADDRESS	662 NE OCEAN BLVD.	
CITY-ST-ZIP	STUART FL 34996	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	BOOTH, ALBERT	
STREET ADDRESS	662 NE OCEAN BLVD.	
CITY-ST-ZIP	STUART FL 34996	
TITLE	D	<input type="checkbox"/> Delete
NAME	CUMMINGS, ALBERT	
STREET ADDRESS	662 NE OCEAN BLVD.	
CITY-ST-ZIP	STUART FL 34996	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DON GOODWIN	
STREET ADDRESS	662 N.E. OCEAN BLVD	
CITY-ST-ZIP	STUART, FL 34996	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-9-00

Date

Daytime Phone #

CR2E037 (9/99)