

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2002 8:00 am
Secretary of State

0087791

03-05-2002 90073 023 *****61.25

DOCUMENT # 734548

1. Entity Name

OCEAN VIEW ASSOCIATION, INC.

Principal Place of Business

Mailing Address

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

**PLANTATION MANAGEMENT
 662 NW OCEAN BLVD
 STUART FL 34996
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1877464

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	SCOGENBERG, DICK	
STREET ADDRESS	662 NE OCEAN BLVD.	
CITY-ST-ZIP	STUART FL 34996	
TITLE	SD	<input type="checkbox"/> Delete
NAME	DOWNNEY, JACK	
STREET ADDRESS	662 NE OCEAN BLVD	
CITY-ST-ZIP	STUART FL 34996	
TITLE	TD	<input type="checkbox"/> Delete
NAME	GOODWIN, DON	
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	FOLEY, BILL	
STREET ADDRESS	662 NE OCEAN BLVD.	
CITY-ST-ZIP	STUART FL 34996	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHDENBERG, DICK	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VPD	<input checked="" 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		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	S DURGIN, CAROL	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRENCH, DON	
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 another like empowered.

SIGNATURE:

SIGNATURE REQUIRED

2/20/02

561-334-3600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CFR2037 (9/01)