2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2001 8:00 am
Secretary of State
04-03-2001 90006 017 ****61.25

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DOCUMENT # 735064

1. Entity Name

VILLAS OF OCEAN RIDGE CONDOMINIUM ASSOCIATION, I

Principal Place of Business	Mailing Address
5900 OLD OCEAN BLVD. OCEAN RIDGE FL 33435	ASSOC. PROP. MGMT 400 S. DIXIE HWY.#10 LAKEWORTH FL 33460 US

819084

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-1652721 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ASSOCIATE PROPERTY MANAGEMENT
400 S. DIXIE HWY., SUITE 10
LAKE WORTH FL 33460

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD COLEMAN, JOHN 5900 OLD OCEAN BLVD A-1 OCEAN RIDGE FL 33435	☒ Delete	TITLE PD PD Grant Ingham 5900 Old Ocean Blvd B-7 Ocean Ridge Fl 33435	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD FOSTER, SANDY 5900 OLD OCEAN BLVD B-2 OCEAN RIDGE FL 33435	☐ Delete	SECRETARY	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KAFARSKI, MITCHELL 5900 OLD OCEAN BLVD A3 OCEAN RIDGE FL 33435	☒ Delete	Treasurer WANDA H. Brady 5900 Old Ocean Blvd B-4 Ocean Ridge Fl 33435	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MILLER, MORTON 5900 OLD OCEAN BLVD C2 OCEAN RIDGE FL 33435	☐ Delete	VICE President	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SCHULTZ, RONALD 5900 OLD OCEAN BLVD A6 OCEAN RIDGE FL 33435	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TARKIANEN, DAVID 5900 OLD OCEAN BLVD A8 OCEAN RIDGE FL 33435	☒ Delete	TITLE D D Harriet Tarkianen 5900 Old Ocean Blvd A-8 Ocean Ridge Fl 33435	☐ Change ☒ Addition

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: Grant W Ingham March 2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)