## **2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## **DOCUMENT # 735064**

1. Entity Name

VILLAS OF OCEAN RIDGE CONDOMINIUM ASSOCIATION, I



**FILED** Aug 18, 2003 8:00 am Secretary of State

01-15-2003 90260 046 \*\*\*\*61.25 08-18-2003 90166 005 \*\*\*\*61.25



Principal Place of Business 5900 OLD OCEAN BLVD. OCEAN RIDGE FL 33435 US		5900 OL	Mailing Address 5900 OLD OCEAN BLVD. OCEAN RIDGE FL 33435 US 3. Mailing Address					<b>G</b> \$1[( <b>SG</b> 1] <b>) B</b> 1110	<b>8181 8181</b> 1 81811		)) <b>  å(2</b> )1 ( <b>3å</b> )		
2. Principal Place of Business							3. Maili						
Suite, Apt. #, etc.			Suit	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES					
City & State			City	City & State				4. FEI Number <b>59-1652721</b>				oplied For	
Only & State			,				33 1002721			<u>_</u>	ot Applicable		
<sup>2</sup> Zip	´Zip Country		Zip		Country		5. Cert					<b>75</b> Additional Required	
	6. Name	and Address of Currer	nt Registered	d Agent			7. Nan	ne and Addre	ss of New Ro	egistered A	gent		
\#LAC 0	E OCEAN E	RIDGE HOMEOWNER	ю			Name							
	OCEAN B		3			Street Address		(P.O. Box Number is Not Acceptable)					
OCEAN F	RIDGE FL 33	3435				•							
•	•					City	,		<del>,</del>	FL	Zip Cod	е	
8. The above	named entity	submits this statement	for the purpo	ose of changing it	ts registered	office or reg	gistered agent.	or both, in th	e State of Flo	rida. I am fa	miliar with,	and accept	
the obligat	*.												
SIGNATURE .	FILE NOW	r printed name of registered age: FEE IS \$61.25 2003, min will be \$		9. Election Ca		ancing _	equired when reinsta \$5.00 Added to	May Be		ke Check la Departi			
SIGNATURE	FILE NOW	: FEE IS \$61.25 2003, min will be \$	\$236.25	9. Election Ca	ampaign Fin	ancing _	<b>\$5.00</b> Added to	May Be o Fees	Florid	ke Check la Departi	ment of \$	State	
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indicated on this report or supplied with this hilling does not quality 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.