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

FILED
Aug 18, 2003 8:00 am
Secretary of State
01-15-2003 90260 046 ****61.25
08-18-2003 90166 005 ****61.25

DOCUMENT # 735064

1. Entity Name

VILLAS OF OCEAN RIDGE CONDOMINIUM ASSOCIATION, I NC.

Principal Place of Business	Mailing Address
5900 OLD OCEAN BLVD. OCEAN RIDGE FL 33435 US	5900 OLD OCEAN BLVD. OCEAN RIDGE FL 33435 US

☐ CHECK HERE IF MAKING CHANGES

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	7. Name and Address of New Registered Agent
VILLAS OF OCEAN RIDGE HOMEOWNERS 5900 OLD OCEAN BLVD OCEAN RIDGE FL 33435	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. I am familiar with, and accept the obligations of registered agent.

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
After September 10, 2003, min will be $236.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD INGHAM, GRANT 5900 OLD OCEAN BLVD A-1 OCEAN RIDGE FL 33435	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT [redacted] FOSTER, SANDY, 5900 OLD OCEAN BLVD B-2 OCEAN RIDGE, FL 33435	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP FOSTER, GANDY 5900 OLD OCEAN BLVD - B2 OCEAN RIDGE FL 33435	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRESIDENT HARRIET TARKIANEN 5900 OLD OCEAN BLVD. A-8 OCEAN RIDGE, FL 33435	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T SUMEN, JANE B 5900 OLD OCEAN BLVD - B1 OCEAN RIDGE FL 33435	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER KEVIN DOCHTERMANN 5900 OLD OCEAN BLVD, A-10 OCEAN RIDGE, FL 33435	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BRADY, WALTER 5900 OLD OCEAN BLVD - B4 OCEAN RIDGE FL 33435	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY HARRIET TARKIANEN 5900 OLD OCEAN BLVD. A-8 OCEAN RIDGE, FL. 33435	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SCHULTZ, RONALD 5900 OLD OCEAN BLVD A6 OCEAN RIDGE FL 33435	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MEMBER WANDA BRADY 5900 OLD OCEAN BLVD -B4 OCEAN RIDGE, FL 33435	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TARKIANEN, HARRIET 5900 OLD OCEAN BLVD A8 OCEAN RIDGE FL 33435	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MEMBER JUDY CULLEN 5900 OLD OCEAN BLVD - C4 OCEAN RIDGE, FL 33435	☒ Change ☐ Addition

CR2E037 (4/03)

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 REQUIRED 7/31/03 561-734-0779