2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2001 8:00 am
Secretary of State
04-27-2001 90257 020 ****61.25

000525/9

DOCUMENT # 735853

1. Entity Name

OCEAN VILLAS I, INCORPORATED

Principal Place of Business	Mailing Address
2400 SOUTH OCEAN DRIVE OCEAN VILLAGE ON HUTCHINSON ISLAND FT. PIERCE FL 34949	2400 SOUTH OCEAN DRIVE OCEAN VILLAGE ON HUTCHINSON ISLAND FT. PIERCE FL 34949

UU042231

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 59-1779031 ☐ 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
MAHER, GEORGE H. 2400 SOUTH OCEAN DRIVE FT. PIERCE FL 34949	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	D QUAIN, JOAN 2400 S. OCEAN DRIVE FORT PIERCE FL 34949	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Stiglin, Mary Beth 2400 S. Ocean Dr. Ft. Pierce, FL 34949	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BROUGHMAN, MARIE B 2400 S. OCEAN DRIVE FT. PIERCE FL 34949	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD Broughman, Marie 2400 S. Ocean Dr. Ft. Pierce, FL 34949	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ERIKSSON, AUSTIN 2400 S. OCEAN DRIVE FT. PIERCE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Tranberg. Larry 2400 S. Ocean Dr. Ft. Pierce, FL 34949	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD FLANNERY, ANN 2400 S OCEAN DR. FT. PIERCE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD GRAAP, MARY B 2400 S OCEAN DR FT PIERCE FL 34949	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/00)

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: Mary Beth Stiglin 4/23/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #