

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90066 039 ****61.25

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**

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



DO NOT WRITE IN THIS SPACE

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	D	<input type="checkbox"/> Delete
NAME	QUAIN, JOAN	
STREET ADDRESS	2400 S. OCEAN DRIVE	
CITY-ST-ZIP	FORT PIERCE FL 34949	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BROUGHMAN, MARIE B	
STREET ADDRESS	2400 S. OCEAN DRIVE	
CITY-ST-ZIP	FT. PIERCE FL 34949	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ERIKSSON, AUSTIN	
STREET ADDRESS	2400 S. OCEAN DRIVE	
CITY-ST-ZIP	FT. PIERCE FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	FLANNERY, ANN	
STREET ADDRESS	2400 S OCEAN DR.	
CITY-ST-ZIP	FT. PIERCE FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	TRANBERG, LARRY	
STREET ADDRESS	2400 S OCEAN DR	
CITY-ST-ZIP	FT PIERCE FL 34949	
TITLE	PD	<input type="checkbox"/> Delete
NAME	STIGLIN, MARY B.	
STREET ADDRESS	2400 S OCEAN DRIVE	
CITY-ST-ZIP	FORT PIERCE FL 34949	

TITLE	<input 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	
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NAME	
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 all other like empowered.

SIGNATURE: *MANATURE REQUIRED*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/02
 Date

Daytime Phone #

CR2E037 (9/01)