

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 736048

1. Entity Name

200 OCEAN ROAD CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

1 TURTLE BEACH ROAD
VERO BEACH FL 32963

1 TURTLE BEACH ROAD
VERO BEACH FL 32963-3452

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

59-1690628

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

ROSE, MICHAEL L.
1 TURTLE BEACH ROAD
VERO BEACH FL 32963

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	P	☐ Delete
NAME	BROPHY, VIRGINIA W.	
STREET ADDRESS	200 OCEAN ROAD #3B	
CITY-ST-ZIP	VERO BEACH FL 32963	
TITLE	D	☐ Delete
NAME	MORRIS, REUBEN	
STREET ADDRESS	#2A-200 OCEAN RD	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	TD	☐ Delete
NAME	FARNSWORTH, JR. T C.	
STREET ADDRESS	200 OCEAN RD., #2B	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	S	☐ Delete
NAME	BARKER, JOHN E	
STREET ADDRESS	1 TURTLE BCH RD	
CITY-ST-ZIP	VERO BCH FL	
TITLE	D	☐ Delete
NAME	PETTINGA, YVONNE I	
STREET ADDRESS	#3A-200 OCEAN RD	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	AS	☐ Delete
NAME	ROSE, MICHAEL L	
STREET ADDRESS	1 TURTLE BEACH ROAD	
CITY-ST-ZIP	VERO BEACH FL	

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ 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:

SIGNATURE REQUIRED

3/31/00

(561) 231-1666

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)

FILED
Apr 05, 2000 8:00 am
Secretary of State

04-05-2000 90079 026 ****61.25



DO NOT WRITE IN THIS SPACE