

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 18, 2002 8:00 am**  
**Secretary of State**

03-18-2002 90090 049 \*\*\*\*61.25

**DOCUMENT # 736295**

1. Entity Name

**OCEAN WALK PLACE HOME OWNERS' ASSOCIATION, INC.**

Principal Place of Business

275 TONEY PENNA DR.  
 STE. 7  
 JUPITER FL 33477  
 US

Mailing Address

275 TONEY PENNA DR.  
 STE. 7  
 JUPITER FL 33477  
 US

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

**59-2262568**

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

**THE SUNRISE MANAGEMENT COMPANY OF THE PALM**  
**275 TONEY PENNA DRIVE**  
**SUITE 7**  
**JUPITER FL 33458**

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 PD ☒ Delete  
 NAME STOLLER, ARDELL  
 STREET ADDRESS 109 E. TARPON LANE  
 CITY-ST-ZIP JUPITER FL 33477

TITLE ☐ Change ☐ Addition  
 NAME *Downey, Peter*  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE TD ☒ Delete  
 NAME *FRANK, PATRICK*  
 STREET ADDRESS *111 CORAL FISH LAKE*  
 CITY-ST-ZIP *JUPITER FL 33477*

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

TITLE TD ☐ Delete  
 NAME DOWNEY, PETER  
 STREET ADDRESS 108 SPEARFISH LANE  
 CITY-ST-ZIP JUPITER FL 33477

TITLE ☒ Change ☐ Addition  
 NAME *SD GALE VANDERPOL*  
 STREET ADDRESS *126 BONEFISH CIRCLE*  
 CITY-ST-ZIP *JUPITER, FL 33477*

TITLE PD ☐ Delete  
 NAME BOORSE, MARY J  
 STREET ADDRESS 125 E SANDPIPER CIRCLE  
 CITY-ST-ZIP JUPITER FL 33477

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

TITLE D ☒ Delete  
 NAME KAHN, GARY  
 STREET ADDRESS 105 W SANDPIPER CIRCLE  
 CITY-ST-ZIP JUPITER FL 33477

TITLE ☒ Change ☐ Addition  
 NAME *D MARY BAKER*  
 STREET ADDRESS *114 BONEFISH CIRCLE*  
 CITY-ST-ZIP *JUPITER, FL 33477*

TITLE VD ☐ Delete  
 NAME FREEDMAN, LARRY  
 STREET ADDRESS 107 WEST SANDPIPER CIRCLE  
 CITY-ST-ZIP JUPITER FL 33477

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:

*Mary Jane Boorse*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/17/02*  
 Date

*744-25008113*  
 Daytime Phone #

CP2E037 (9/01)