3/30/0

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2001 8:00 am
Secretary of State
03-30-2001 90338 044 ****61.25

DOCUMENT # 742177

1. Entity Name

OCEAN PARK OWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
333 TAYLOR AVE CAPE CANAVERAL FL 32920	333 TAYLOR AVE CAPE CANAVERAL FL 32920

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2180 WEST SR 434	2180 WEST SR 434
Suite, Apt. #, etc.: SUITE 5000	Suite, Apt. #, etc.: SUITE 5000
City & State: LONGWOOD FL	City & State: LONGWOOD FL
Zip: 32779-5044 Country: US	Zip: 32779-5044 Country: US

4. FEI Number 59-1896832 ☐ 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
MARSHALL, EDWARD 311 TAYLOR AVE #G118 CAPE CANAVERAL FL 32920	Name: HART, JAMES W. JR. Street Address (P.O. Box Number is Not Acceptable): SENTRY MANAGEMENT, INC. 2180 W SR 434 STE 5000 City: LONGWOOD FL Zip Code: 32779-5044

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 _____ 2/20/01
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	VPD BOLDUC, RAYMOND 350 FILLMORE AVE F-23 CAPE CANAVERAL FL 32920	XX Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD David M McCarthy 350 Filmore Ave #F6 Cape Canaveral, FL 32920	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD LOKMAN, ADELINE 350 FILLMORE AVE G-5 CAPE CANAVERAL FL 32920	XX Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD Brendan Creighton 351 Taylor Ave #E17 Cape Canaveral, FL 32920	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD DICK, MARCELLE 350 FILLMORE AVE F-17 CAPE CANAVERAL FL 32920	XX Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD James W Entinger 770 New Hampton Way Merritt Island, FL 32953	☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROONEY, KATHRYN 350 FILLMORE F10 CAPE CAN FL	XX Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD GEDUTIS, HELEN 350 FILLMORE AVE F-1 CAPE CANAVERAL FL 32920	XX 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: SIGNATURE REQUIRED David M McCarthy 4/18/01 - 321-784-9868
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #