2001 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 23, 2001 8:00 am Secretary of State **DOCUMENT # 742684** 1. Entity Name THE OCEANA II CONDOMINIUM ASSOCIATION, INC. 03-23-2001 90015 021 ****61.25 Mailing Address Principal Place of Business 9900 S OCEAN DR. 9900 S OCEAN DR. JENSEN BEACH FL 34957 JENSEN BEACH FL 34957 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-1963040 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) CORNETT, JANE L C/O WACKEEN, CORNETT 7 GOOGE, PA 401 E. OSCEOLA ST. Zip Code City STUART FL 34994 FL 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) 9. Election Campaign Financing Make Check Payable to **FILE NOW:** \$5.00 May Be Trust Fund Contribution. П Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Addition TITLE ☐ Change TITLE ☐ Delete FORNAROTTO, MARIE NAME NAME 9900 S. OCEAN DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JENSEN BEACH FL 34957 CITY-ST-ZIP ☐ Addition TITLE ☐ Change TITLE ☐ Detete BROWNE, WILLIAM NAME NAME STREET ADDRESS STREET ADDRESS 9900'S OCEAN DR CITY-ST-ZIP CITY-ST-ZIP JENSEN BEACH FL 34957 PD ☐ Addition ☐ Delete TITLE TITLE LIPPERT, LOUIS C NAME NAME 9900 S OCEAN DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JENSEN BCH FL TITLE ☐ Change ☐ Addition TITLE ☐ Delete FOLEY, DAVID SR NAME NAME 9900 S. OCEAN DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JENSEN BCH FL CITY-ST-ZIP ☐ Delete TITI F ☐ Change ☐ Addition TITLE DUPONT, DONALD NAME NAME 9900 S OCEAN DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JENSEN BEACH FL 34957 Addition TITLE ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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

CITY-ST-ZIP

SIGNATURE:

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