

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2002 8:00 am
Secretary of State

05-01-2002 91465 010 ****61.25

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DOCUMENT # 742684

1. Entity Name
THE OCEANA II CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address
 9900 S OCEAN DR. 9900 S OCEAN DR.
 JENSEN BEACH FL 34957 JENSEN BEACH FL 34957
 US US

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-1963040** Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
CORNETT, JANE L
C/O WACKEEN, CORNETT 7 GOOGE, PA
401 E. OSCEOLA ST.
STUART FL 34994

7. Name and Address of New Registered Agent
~~Name~~ **Robert A. Burson, PA**
 Street Address (P.O. Box Number is Not Acceptable)
P.O. Box 1620
310 West First Street
 City **Stuart, FL** Zip Code **34995**

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: *Robert A. Burson* *President* *May 17, 2002*

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 SD FORNAROTTO, MARIE STREET ADDRESS 9900 S. OCEAN DR. CITY-ST-ZIP JENSEN BEACH FL 34957	<input checked="" type="checkbox"/> Delete	TITLE NAME SD Reddington, Gloria STREET ADDRESS 9900 S. Ocean Dr. CITY-ST-ZIP Jensen Beach, FL 34957	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME TD BROWNE, WILLIAM STREET ADDRESS 9900 S OCEAN DR CITY-ST-ZIP JENSEN BEACH FL 34957	<input type="checkbox"/> Delete	TITLE NAME PD Paul Maccarone STREET ADDRESS 9900 S. Ocean Dr. CITY-ST-ZIP Jensen Beach, FL 34957	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME PD LIPPERT, LOUIS C. STREET ADDRESS 9900 S OCEAN DR CITY-ST-ZIP JENSEN BCH FL	<input checked="" type="checkbox"/> Delete	TITLE NAME TD Vickie Kerlin STREET ADDRESS 9900 S. Ocean Dr. CITY-ST-ZIP Jensen Beach, FL 34957	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME D FOLEY, DAVID SR STREET ADDRESS 9900 S. OCEAN DR. CITY-ST-ZIP JENSEN BCH FL	<input checked="" type="checkbox"/> Delete	TITLE NAME VPD VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME D DUPONT, DONALD STREET ADDRESS 9900 S OCEAN DR CITY-ST-ZIP JENSEN BEACH FL 34957	<input type="checkbox"/> Delete	TITLE NAME VPD VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME D DUPONT, DONALD STREET ADDRESS 9900 S OCEAN DR CITY-ST-ZIP JENSEN BEACH FL 34957	<input type="checkbox"/> Delete	TITLE NAME VPD VPD	<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E037 (9/01)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Robert A. Burson* *4/17/02*

Signature and typed or printed name of signing officer or director Date Daytime Phone #