2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2003 8:00 am
Secretary of State

05-07-2003 90148 017 ****61.25

DOCUMENT # 742684

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

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

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

☐ CHECK HERE IF MAKING CHANGES

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	7. Name and Address of New Registered Agent
BURSON, ROBERT A PA PO BOX 1620 312 WEST FIRST STREET STUART FL 34995	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: [signature] 5/2/03
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 Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE SD NAME REDDINGTON, GLORIA STREET ADDRESS 9900 S. OCEAN DR. CITY-ST-ZIP JENSEN BEACH FL 34957	☒ Delete	TITLE Secretary NAME Micheals Gloria STREET ADDRESS 9900 S. Ocean Drive CITY-ST-ZIP Jensen Bch, FL	☒ Change ☐ Addition
TITLE PD NAME BROWNE, WILLIAM STREET ADDRESS 9900 S OCEAN DR CITY-ST-ZIP JENSEN BEACH FL 34957	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE TD NAME MACCARONE, PAUL STREET ADDRESS 9900 S OCEAN DR CITY-ST-ZIP JENSEN BEACH FL 34957	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE D NAME KERLIN, VICKIE STREET ADDRESS 9900 S. OCEAN DR. CITY-ST-ZIP JENSEN BEACH FL 34957	☒ Delete	TITLE Director NAME Marino Joseph STREET ADDRESS 9900 S. Ocean Dr. CITY-ST-ZIP Jensen Bch, FL 34957	☒ Change ☒ Addition
TITLE VPD NAME DUPONT, DONALD STREET ADDRESS 9900 S OCEAN DR CITY-ST-ZIP JENSEN BEACH FL 34957	☐ 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

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 RECEIVED 5/2/03

CR2E037 (10/02)