

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 743250

1. Entity Name

Condominium

Principal Place of Business

Mailing Address

Ocean Mist Condominium Assoc., Inc.

2. Principal Place of Business

107 Inlet Way

Suite, Apt. #, etc.
#4

City & State

Palm Beach Shores, Fl

Zip
33404

Country
US

3. Mailing Address

17107 84th Court N.

Suite, Apt. #, etc.

City & State

Loxahatchee, Fl

Zip
33470

Country
US

4. FEI Number

591877336

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

Name

Carl L. Coley

Street Address (P.O. Box Number is Not Acceptable)

107 Inlet Way #4

City

Palm Bch. Shores

FL

Zip Code

33404

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

Carl L. Coley

Carl L. Coley Pres.

7-10-2000

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

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☐ 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:

Carl L. Coley

CARL L. Coley 7-10-2000 561-848-2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)