

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 07, 2001 8:00 am**  
**Secretary of State**

03-26-2001 90018 016 \*\*\*\*61.25

**DOCUMENT # 744413**  
 1. Entity Name  
**300 OCEAN ROAD CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business      Mailing Address  
 1 TURTLE BEACH ROAD      1 TURTLE BEACH ROAD  
 VERO BEACH FL 32963      VERO BEACH FL 32963

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

4. FEI Number **59-2027425**      Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**ROSE, MICHAEL L.**  
**1 TURTLE BEACH ROAD**  
**VERO BEACH FL 32963**

7. Name and Address of New Registered Agent  
 Name **BARKER, JOHN E.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1 TURTLE BEACH ROAD**  
 City **VERO BEACH**      FL      Zip Code **32963**

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 *John E. Barker*      **John E. Barker**      DATE **4/3/01**  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	<b>AS</b> <b>ROSE, MICHAEL L</b> <b>1 TURTLE BEACH ROAD</b> <b>VERO BEACH FL</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS</b> <b>LANAHAN, RICHARD</b> <b>1 TURTLE BEACH ROAD</b> <b>VERO BEACH, FL</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPTD</b> <b>THIELE, KENNETH</b> <b>300 OCEAN RD APT 2E</b> <b>VERO BEACH FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS</b> <b>BARKER, JOHN E.</b> <b>1 TURTLE BEACH ROAD</b> <b>VERO BEACH FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>HORSBURGH, KEITH</b> <b>300 OCEAN RD APT 3F</b> <b>VERO BEACH FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>SMITH, WILLIAM</b> <b>300 OCEAN RD APT 3E</b> <b>VERO BEACH FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WILLIAMS, DOROTHY</b> <b>300 OCEAN RD APT 2F</b> <b>VERO BEACH FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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: *John E. Barker*      **John E. Barker**      DATE **3/19/01**      (561-231-1666)  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)