

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 744972

1. Entity Name

OCEANS III CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

935 SWEETWATER LANE #103
BOCA RATON FL 33431
US

P O BOX 186
BOCA RATON FL 33429
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1884029

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

BURDA, MICHELE
935 SWEETWATER LANE #103
BOCA RATON FL 33431

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002,
min. will be \$236.25.

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 PD
NAME BURDA, MICHELLE
STREET ADDRESS 935 SWEETWATER LN #103
CITY-ST-ZIP BOCA RATON FL 33431 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE STD
NAME SULLIVAN, DONALD
STREET ADDRESS 57 BUTTERS RON
CITY-ST-ZIP WILMINGTON MA 01887 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME CORKUM, MARK
STREET ADDRESS 941 SWEETWATER LANE #206
CITY-ST-ZIP BOCA RATON FL 33431 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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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:

MICHELE BURDA
MICHELE BURDA
REQUIRED

7/12/02

561-368-1155

FILED
Jul 18, 2002 8:00 am
Secretary of State

07-18-2002 90131 004 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (4/02)