

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 746197

1. Entity Name

OCEANS FOUR CONDOMINIUM ASSOCIATION, INC.

FILED
May 07, 2000 8:00 am
Secretary of State

05-07-2000 90003 036 ****61.25

Principal Place of Business 3003 SOUTH ATLANTIC AVENUE DAYTONA BEACH SHORES FL 32118	Mailing Address 3003 SOUTH ATLANTIC AVENUE DAYTONA BEACH SHORES FL 32118-6149
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DO NOT WRITE IN THIS SPACE

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 59-2067985	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JURGENSEN, DONNA D.
3003 S. ATLANTIC AVE., UNIT 8C5
DAYTONA BCH SHORES FL 32118

7. Name and Address of New Registered Agent

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.

SIGNATURE: *Donna D. Jurgensen* DATE: 2/15/00

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. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS	
TITLE: PD NAME: MANGINELLI, ANGELO STREET ADDRESS: 3003 S. ATLANTIC AVE., APT. 17A2 CITY-ST-ZIP: DAYTONA BCH SHRS FL	<input checked="" type="checkbox"/> Delete
TITLE: VPD NAME: WALEGA, ROBERT J. STREET ADDRESS: 3003 S. ATLANTIC AVENUE, UNIT 15-B3 CITY-ST-ZIP: DAYTONA BEACH SHORES FL 32118	<input checked="" type="checkbox"/> Delete
TITLE: TD NAME: DOLINKA, ROSEMARIE STREET ADDRESS: 3003 S. ATLANTIC AVE, UNIT 20-C5 CITY-ST-ZIP: DAYTONA BEACH SHORES FL 32118	<input checked="" type="checkbox"/> Delete
TITLE: SD NAME: JURGENSEN, DONNA D STREET ADDRESS: 3003 S ATLANTIC AVE CITY-ST-ZIP: DAYTONA BCH SHRS FL	<input type="checkbox"/> Delete
TITLE: TD NAME: WALTER, TOM REAM STREET ADDRESS: 3003 S ATLANTIC AVE UNIT 2B 3 CITY-ST-ZIP: DAYTONA BCH SHORES FL 32118	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: PD NAME: WALEGA ROBERT J. STREET ADDRESS: 3003 S. ATLANTIC AVE UNIT 15B3 CITY-ST-ZIP: DAYTONA BCH SHORES FL 32118	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VPD NAME: BERNARD HEESACKER STREET ADDRESS: 3003 S. ATLANTIC AVE UNIT 9A9 CITY-ST-ZIP: DAYTONA BCH SHORES FL 32118	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: DEVA KOEBEL NAME: _____ STREET ADDRESS: 3003 S. ATLANTIC AVE UNIT 30A1 CITY-ST-ZIP: DAS, FL 32118	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D- NAME: ROBERT HAMWEY STREET ADDRESS: 3003 S. ATLANTIC AVE UNIT 1006 CITY-ST-ZIP: DAS, FL 32118	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D- NAME: DAUGHN KEVESQUE STREET ADDRESS: 3003 S. ATLANTIC AVE UNIT 4A2 CITY-ST-ZIP: DAS, FL 32118	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Donna D. Jurgensen* DATE: 2/15/00 904-788-3003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (9/99)