2000 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 22, 2000 8:00 am Secretary of State **DOCUMENT # 748075** 1. Entity Name 800 OCEAN PLACE CONDOMINIUM ASSOCIATION, INC. 04-22-2000 90120 032 ****61.25 Principal Place of Business Mailing Address 800 N OCEAN BLVD 800 N OCEAN BLVD DELRAY BCH FL 33483 **DELRAY BCH FL 33483-7278** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2003733 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Sox Number is Not Accept Not Acceptable SHANE, AMES 800 NORTH OCEAN BLVD SUITE 5 **DELRAY BEACH FL 33483** in the state of Florida. 8. The above named entity submits this statement for the purpose of changing its registered office or registered. gent and title if applicable (NOTE: F Make Check Payable to FILE NOW: 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 PD TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME AMES, SHANE NAME CR2E037 STREET ADDRESS STREET ADDRESS 800 NORTH OCEAN BLVD #5 CITY-ST-ZIP CITY-ST-ZIP DELRAY BEACH FL Change Addition Delete TITLE TITLE ROMANO: JOHN --NAME NAME STREET ADDRESS 800 NORTH OCEAN BLVD #3 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **DELRAY BEACH FL 33483** ☐ Change Addition D ☐ Delete TITLE TITLE NAME ABELL, WILLIAM NAME STREET ADDRESS STREET ADDRESS 800 NORTH OCEAN BLVD #4 CITY-ST-ZIP CITY-ST-ZIP **DELRAY BEACH FL 33483** ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIE ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

SIGNATURE: WIGH SUBSTITUTE NAME OF SIGNING OFFICER OF DIFFECTOR P. ADMIN Date April 14 2000
Date Dayling Phone #

changed, or on an attachment with an addre