

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 24, 2001 8:00 am
Secretary of State

07-24-2001 90016 023 ****61.25

0010772

DOCUMENT # 748075

1. Entity Name

800 OCEAN PLACE CONDOMINIUM ASSOCIATION, INC.

(Handwritten mark)

Principal Place of Business

Mailing Address

**800 N OCEAN BLVD
 DELRAY BCH FL 33483
 US**

**800 N OCEAN BLVD
 DELRAY BCH FL 33483
 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

59-2003733

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SHANE, AMES
 800 NORTH OCEAN BLVD
 SUITE 5
 DELRAY BEACH FL 33483**

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 *SHANE AMES*

SIGNATURE *SHANE AMES*

DATE *7/19/01*

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
After September 12, 2001, 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** Delete
 NAME **AMES, SHANE**
 STREET ADDRESS **800 NORTH OCEAN BLVD #5**
 CITY-ST-ZIP **DELRAY BEACH FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **ROMANO, JOHN**
 STREET ADDRESS **800 NORTH OCEAN BLVD #3**
 CITY-ST-ZIP **DELRAY BEACH FL 33483**

TITLE **D** Change Addition
 NAME **MEL POLLACK**
 STREET ADDRESS **800 N. OCEAN BLVD #1**
 CITY-ST-ZIP **DELRAY BEACH FL 33483**

TITLE **D** Delete
 NAME **ABELL, WILLIAM**
 STREET ADDRESS **800 NORTH OCEAN BLVD #4**
 CITY-ST-ZIP **DELRAY BEACH FL 33483**

TITLE **D** Change Addition
 NAME **REDD, CARTER**
 STREET ADDRESS **800 NORTH OCEAN BLVD #2**
 CITY-ST-ZIP **DELRAY BEACH, FL 33483**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Change Addition
 NAME **TAYLOR, PAM**
 STREET ADDRESS **800 N. OCEAN BLVD #3**
 CITY-ST-ZIP **DELRAY BEACH, FL 33483**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 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:

(Handwritten signature)

8/17/01 561-274-9562

CR2E037 (5/01)