

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 04, 2002 8:00 am**  
**Secretary of State**

03-04-2002 90010 042 \*\*\*\*61.25

**DOCUMENT # 748075**  
 1. Entity Name  
**800 OCEAN PLACE CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business      Mailing Address  
**800 N OCEAN BLVD**      **800 N OCEAN BLVD**  
**DELRAY BCH FL 33483**      **DELRAY BCH FL 33483**  
**US**      **US**

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



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2003733**      Applied For  
 Not Applicable  
 5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**SHANE, AMES**  
**800 NORTH OCEAN BLVD**  
**SUITE 5**  
**DELRAY BEACH FL 33483**

7. Name and Address of New Registered Agent  
 Name **REDD, CARTER C.**  
 Street Address (P.O. Box Number is Not Acceptable) **800 N OCEAN BLVD #2**  
 City **DELRAY BEACH**      FL **33483**

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 *Carter C. Redd*      DATE **2-19-02**  
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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	AMES, SHANE	
STREET ADDRESS	800 NORTH OCEAN BLVD #5	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	POLLACK, MEL	
STREET ADDRESS	800 N OCEAN BLVD. # 1	
CITY-ST-ZIP	DELRAY BEACH FL 33483	
TITLE	D	<input type="checkbox"/> Delete
NAME	REDD, CARTER	
STREET ADDRESS	800 NORTH OCEAN BLVD. # 2	
CITY-ST-ZIP	DELRAY BEACH FL 33483	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	TAYLOR, PAM	
STREET ADDRESS	800 N OCEAN BLVD. # 3	
CITY-ST-ZIP	DELRAY BEACH FL 33483	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARTER REDD	
STREET ADDRESS	800 N OCEAN BLVD #2 DB, FL 33483	
CITY-ST-ZIP	DELRAY BEACH FL 33483	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DALE MILLER	
STREET ADDRESS	800 N OCEAN BLVD #4	
CITY-ST-ZIP	DELRAY BEACH, FL 33483	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KERRI SIBLEY	
STREET ADDRESS	800 N. OCEAN BLVD #6	
CITY-ST-ZIP	DELRAY BEACH FL 33483	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MAURA TRFT	
STREET ADDRESS	800 N OCEAN BLVD #1	
CITY-ST-ZIP	DELRAY BEACH FL 33483	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: **SIGNATURE REQUIRED**      DATE: **2-19-02**      PHONE: **561-774-2440**

CR2E037 (9/01)