

2000 UNIFORM BUSINESS REPORT (UBR)

3/1

FILED
May 17, 2000 8:00 am
Secretary of State

03-06-2000 90089 046 ****61.25

DOCUMENT # 748958

1. Entity Name:

OCEAN TOWNHOUSES ASSOCIATION, INC.

Principal Place of Business

**520 N OCEAN BLVD
POMPANO BEACH FL 33062**

Mailing Address

**520 N OCEAN BLVD
POMPANO BEACH FL 33062-4639**

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

59-1929283

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**TANGORA, C D
200 SOUTHEAST 18TH CT
FT LAUDERDALE FL 33316**

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

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**

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 **VICE PRESIDENT** ☐ Delete

NAME **CANNON, JOE**
STREET ADDRESS **520 N OCEAN BLVD #6**
CITY-ST-ZIP **POMPANO BEACH FL 33062**

TITLE **TREASURER** ☐ Delete

NAME **FORMAN, SOL**
STREET ADDRESS **520 N OCEAN BLVD**
CITY-ST-ZIP **POMPANO BEACH FL 33062**

TITLE **PRESIDENT** ☐ Delete

NAME **YUDELMAN, MORRIS**
STREET ADDRESS **520 N OCEAN BLVD #13**
CITY-ST-ZIP **POMPANO BEACH FL**

TITLE **D** ☒ Delete

NAME **GLUCKSON, SHARON**
STREET ADDRESS **520 N OCEAN BLVD 10**
CITY-ST-ZIP **POMPANO FL 33062**

TITLE **SECRETARY** ☐ Delete

NAME **LOUISE FIRTH**
STREET ADDRESS **520 N OCEAN BLVD #13**
CITY-ST-ZIP **POMPANO BEACH, FL 33062**

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **ARDEN SCHWARTZ (Director)** ☒ Addition

NAME **520 N OCEAN BLVD #6**
STREET ADDRESS **POMPANO BEACH, FL 33062**

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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CITY-ST-ZIP

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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)(j), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)