

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 28, 2001 8:00 am**  
**Secretary of State**

0030662

**DOCUMENT # 749381**

1. Entity Name

**OCEAN BEACH VILLAS CONDOMINIUM ASSOCIATION, INC.**

02-28-2001 90002 040 \*\*\*\*61.25

Principal Place of Business

Mailing Address

2515 S ATLANTIC AVE  
 COCOA BEACH FL 32931

3630 SO TROPICAL TRL  
 MERRITT ISLD FL 32952  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2067790**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**STEVENSON, RONALD M.**  
**3630 S. TROPICAL TRAIL**  
**MERRITT ISLAND FL 32952**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
STD	STEVENSON, LINA	3630 S. TROPICAL TRAIL	MERRITT ISLAND FL 32952	<input type="checkbox"/>	<input type="checkbox"/>
PD	STEVENSON, RONALD	3630 S. TROPICAL TRAIL	MERRITT ISLAND FL	<input type="checkbox"/>	<input type="checkbox"/>
D	SONSINI, MICHAEL	8451 MCALLISTER WAY	WEST PALM BCH FL 22411	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 of Michael Sonsini*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E037 (10/00)