

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 16, 2001 8:00 am**  
**Secretary of State**

04-16-2001 90279 003 \*\*\*\*61.25

**DOCUMENT # 757258**

1. Entity Name  
**OCEAN TRAIL CONDOMINIUM ASSOCIATION NO. II, INC.**

Principal Place of Business <b>100 OCEAN TRAIL WAY          JUPITER FL 33477</b>	Mailing Address <b>100 OCEAN TRAIL WAY          #100          JUPITER FL 33477          US</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number **59-2098366**

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

~~BARNES, JAMES H.~~  
**100 OCEAN TRAIL WAY #304  
 JUPITER FL 33477**

7. Name and Address of New Registered Agent

Name **MARK L. JARRETT**

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 *Mark L. Jarrett* DATE **4-11-01**

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 NAME BROWN, TERRENCE STREET ADDRESS 100 OCEAN TR WAY CITY-ST-ZIP JUPITER FL	<input type="checkbox"/> Delete
TITLE NAME WALSH, GEORGE STREET ADDRESS 100 OCEAN TR WAY CITY-ST-ZIP JUPITER FL 33477	<input checked="" type="checkbox"/> Delete
TITLE NAME DRISCOLL, DAVID STREET ADDRESS 100 OCEAN TR WAY CITY-ST-ZIP JUPITER, FL 00000	<input type="checkbox"/> Delete
TITLE NAME MUELLER, CARL STREET ADDRESS 100 OCEAN TRAIL WAY CITY-ST-ZIP JUPITER, FL 00000	<input type="checkbox"/> Delete
TITLE NAME BLECHER, JEROME STREET ADDRESS 100 OCEAN TR WAY CITY-ST-ZIP JUPITER, FL 00000	<input type="checkbox"/> Delete
TITLE NAME FRISBY, BETSY STREET ADDRESS 100 OCEAN TR WAY CITY-ST-ZIP JUPITER, FL 00000	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME BROWN, TERRENCE STREET ADDRESS SAME CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME ALIBENTI, ANTHONY STREET ADDRESS SAME CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME Schwab, Edgard STREET ADDRESS SAME CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 another, like empowered.

SIGNATURE: *Signature of Betsy Frisby* DATE: **4-11-01** (561) 747-7407

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/00)