

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 24, 2003 8:00 am**  
**Secretary of State**

0041423

**DOCUMENT # 757258**

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



03-24-2003 90179 024 \*\*\*\*70.00

Principal Place of Business Mailing Address  
**100 OCEAN TRAIL WAY  
JUPITER FL 33477** **100 OCEAN TRAIL WAY  
#100  
JUPITER FL 33477  
US**

90058227



2. Principal Place of Business 3. Mailing Address  
Suite, Apt. #, etc. Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State City & State 4. FEI Number **59-2098366** Applied For  
Not Applicable  
Zip Country Zip Country 5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**BRISTOL MANAGEMENT  
100 OCEAN TRAIL WAY  
JUPITER FL 33477**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (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 Florida Department of State

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>FARRELL, JUDY</b>	
STREET ADDRESS	<b>#507 100 OCEAN TRAIL WAY</b>	
CITY-ST-ZIP	<b>JUPITER FL 33477</b>	
TITLE	<b>V</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>ALIBERTI, ANTHONY</b>	
STREET ADDRESS	<b>100 OCEAN TR WAY</b>	
CITY-ST-ZIP	<b>JUPITER FL 33477</b>	
TITLE	<b>S</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>DRISCOLL, DAVID</b>	
STREET ADDRESS	<b>100 OCEAN TR WAY</b>	
CITY-ST-ZIP	<b>JUPITER, FL 00000</b>	
TITLE	<b>Secretary</b>	<input type="checkbox"/> Delete
NAME	<b>MUELLER, CARL</b>	
STREET ADDRESS	<b>100 OCEAN TRAIL WAY</b>	
CITY-ST-ZIP	<b>JUPITER FL 33477</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>BLECHER, JEROME</b>	
STREET ADDRESS	<b>100 OCEAN TR WAY</b>	
CITY-ST-ZIP	<b>JUPITER, FL 00000</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>FRISBY, BETSY</b>	
STREET ADDRESS	<b>100 OCEAN TR WAY</b>	
CITY-ST-ZIP	<b>JUPITER, FL 00000</b>	

TITLE	<b>Vice President VD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>William Dunn, Dr.</b>	
STREET ADDRESS	<b>100 Ocean Trail way #505</b>	
CITY-ST-ZIP	<b>Jupiter Fl 33477</b>	
TITLE	<b>Secretary President PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Richard Herbst</b>	
STREET ADDRESS	<b>100 Ocean Trail way #809</b>	
CITY-ST-ZIP	<b>Jupiter, Fl 33477</b>	
TITLE	<b>Director</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Richard Daniels</b>	
STREET ADDRESS	<b>100 ocean trail way #702</b>	
CITY-ST-ZIP	<b>Jupiter, Fl 33477</b>	
TITLE	<b>Director</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Gerry Aprite</b>	
STREET ADDRESS	<b>100 Ocean Trail way #103</b>	
CITY-ST-ZIP	<b>Jupiter, Fl 33477</b>	
TITLE	<b>Director</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>John Wilson</b>	
STREET ADDRESS	<b>100 Ocean Trail way #1302</b>	
CITY-ST-ZIP	<b>Jupiter, Fl 33477</b>	
TITLE	<b>Director</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>John Harkins</b>	
STREET ADDRESS	<b>100 Ocean Trail way 1404</b>	
CITY-ST-ZIP	<b>Jupiter, Fl</b>	

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: *Carl F. Mueller* **CARL F. MUELLER** 3/19/03 747-7407

CR2E037 (10/02)