

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

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90194 043 ****61.25

DOCUMENT # 758836

1. Entity Name

OCEAN ROYALE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

**1595 HIGHWAY A1A
SATELLITE BEACH FL 32937
US**

Mailing Address

**989 PINETREE DRIVE
INDIAN HARBOUR BEACH FL 32937
US**

2. Principal Place of Business

3. Mailing Address

985 Pinetree Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Indian Harbour Bch, FL

Zip

Country

32937

Country

US

4. FEI Number **59-2102315**

Applied For

Not Applicable

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

**KING, JAMES
1595 HWY A1A #501
SATELLITE BCH FL 32937**

Name

Hindsley, Marty

Street Address (P.O. Box Number is Not Acceptable)

1595 HWY A1A # 401

Satellite Bch, FL

City

FL

Zip Code

32937

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

Marty Hindsley

(NOTE: Registered Agent signature required when reinstating)

1/20/03

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	PPD	<input checked="" type="checkbox"/> Delete
NAME	KING, JAMES	
STREET ADDRESS	1595 HWY A1A STE 501	
CITY-ST-ZIP	SATELLITE BEACH FL 32937	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HAMMOND, NATHAN	
STREET ADDRESS	1595 HWY A1A # 502	
CITY-ST-ZIP	SATELLITE BEACH FL 32937	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CRAWFORD, MAELINDA	
STREET ADDRESS	159 HWY A1A # 103	
CITY-ST-ZIP	SATELLITE BEACH FL 32937	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Hindsley, Marty	
STREET ADDRESS	1595 HWY A1A # 401	
CITY-ST-ZIP	Satellite Bch, FL 32937	
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		
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: *Marty Hindsley*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/20/03

CR2E037 (10/02)