

2000 UNIFORM BUSINESS REPORT (UBR)

0068510

DOCUMENT # 761324

1. Entity Name

OCEAN CLUB OF PALM BEACH SHORES CONDOMINIUM ASSO

FILED

00 MAR 22 AM 9:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

155 OCEAN AVE.
PALM BCH SHORES FL 33404-5761

1501 GULF DR. NORTH
BRADENTON BEACH FL 34217-2324

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2271461

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

VALENTE, JAMES
1501 GULF DR. NORTH
BRADENTON BEACH FL 34217

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P/D ☐ Delete
NAME VALENTE, JAMES R.
STREET ADDRESS 6106 OAK BLVD.
CITY-ST-ZIP BRADENTON BEACH FL 34209

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 000003208500--3
CITY-ST-ZIP -04/14/00--01007--003
***797.50 ***\$61.25

TITLE D ☐ Delete
NAME ROBINSON, RANDALL
STREET ADDRESS 215 HABIG STREET
CITY-ST-ZIP SHELBYVILLE IN

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME MILLER, GLORIA
STREET ADDRESS 1501 GULF DR. NORTH
CITY-ST-ZIP BRADENTON BEACH FL 34217

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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

Date

Daytime Phone #

CR2E037 (9/99)