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

## DOCUMENT # 762772



## FILED Mar 10, 2003 8:00 am Secretary of State

ION, IN	DEAN BEACH CLUB TIME SHA C.	re owner's assoc	CIAT			-10-2003 9010:		
Principal P	Place of Business	Mailing Address						
351 OCEAN DR. E. P.O. BOX 510009 KEY COLONY BEACH FL 33051-0009		P.O. BOX 510009 KEY COLONY BEACH FL 33051-0009					ميند المارية	
					1 1887/1 18818 61111		AN ANDIN ANDIN ANDIN	ATRICATED IN COLUMN
2. Principa	al Place of Business	3. Mailing Address	-					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & S	state	City & State			4. FEI Number NO	T APPLICABLE		Applied For
Zip	Country	Zip	Country		5. Certificate of Stat		\$8.75 A	Not Applicable Additional
	6. Name and Address of Current	Registered Agent	<del>'                                    </del>		7. Name and Addre	SS of New Registe	Fee Requ	ired
			Name	<del></del>	Traine and Addie	ss or New Registe	reu Agent	
1324 C	AS, SUE OCO PLUM RD.		Street Address		(P.O. Box Number is Not Acceptable)			
MARAII	HON FL 33050							
			City				FL Zip Co	
8. The about	ve named entity submits this statement for ations of registered agent.	r the purpose of changing its	registered office	or registere	d agent or both in the	State of Florida I	om familiae with	
7	Signature, typed or printed name of registered agent a	ING the ill applicable. (NOTE	: Registered Agent sign	ature required w	hen reinstating)	DA	ATE	
••••••••••••••••••••••••••••••••••••••	FILE NOW: FEE IS \$61.25	9. Election Can Trust Fund C	npalgn Financing ontribution.		55.00 May Be	Make Ch Florida Dej	eck Payable partment of	e to State
10.	OFFICERS AND DIR	Trust Fund C			dded to Fees	Florida De	partment of	State
10.	OFFICERS AND DIR	Trust Fund C	ontribution.			Florida De	partment of	State N 10
10.	P DEMARAS, SUE 1324 COCO PLUM RD.	Trust Fund C	11. TITLE NAME STREET ADDRESS		dded to Fees	Florida De	DIRECTORS I	State
10. TITLE NAME STREET ADDRESS	P DEMARAS, SUE 1324 COCO PLUM RD. MARATHON FL 33050 VP	Trust Fund C	11. TITLE NAME		dded to Fees	Florida De	DIRECTORS I	N 10 Addition
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of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes. I further certify that the information of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that I am an officer or director changed, or on an attachment with an address, with all other like empowered. VORICK

SIGNATURE:

3/6/03