

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2000 8:00 am**  
**Secretary of State**

05-05-2000 90016 023 \*\*\*\*61.25

**DOCUMENT # 766849**

1. Entity Name

**OCEAN HARBOUR VILLAS OWNER'S ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

4235 N. A2A #11  
 FT. PIERCE FL 34949  
 US

4235 N. A2A #11  
 FT. PIERCE FL 34949  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**NOT APPLICABLE**

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

WHITLEY, SANDRA  
 4235 N. A2A #11  
 FT PIERCE FL 34949

Name  
*SANDRA Whitley*  
 Street Address (P.O. Box Number is Not Acceptable)  
*4245 N. A2A # 2*

City *FT. Pierce* **FL** Zip Code *34949*

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 *Sandra Whitley*  
 Signature, typed or printed name of registered agent and fee if applicable

*Sandra C. Whitley*  
 (NOTE: Registered Agent signature required when reinstating)

*4-21-00*  
 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  Delete  
 NAME PD  
 DANEALT, MARCEL DDS  
 STREET ADDRESS 228 MCNAUGHTON DR.  
 CITY-ST-ZIP COLUMBUS OH 43213

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME VD  
 GILLILAND, LEW  
 STREET ADDRESS 4225 N. A2A, #19  
 CITY-ST-ZIP FT. PIERCE FL 34949

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME SD  
 WHITLEY, SANDRA  
 STREET ADDRESS 4235 N. A2A, #11  
 CITY-ST-ZIP FT. PIERCE FL 34949

TITLE  Change  Addition  
 NAME *SANDRA Whitley #2*  
 STREET ADDRESS *4245 N. A2A #2*  
 CITY-ST-ZIP *FT. Pierce, FL 34949*

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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  
 NAME  
 STREET ADDRESS  
 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: *Sandra Whitley*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4-21-00* *(56)595-0010*  
 Date Day/Time Phone #

CR2E037 (9/99)