

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2000 8:00 am**  
**Secretary of State**

04-24-2000 90098 005 \*\*\*\*61.25

**DOCUMENT # 769793**

1. Entity Name

**THE SHARP BUILDING CONDOMINIUM ASSOCIATION, INC**

Principal Place of Business

Mailing Address

C/O ACE AIR  
 P.O. BOX 4012  
 LANTANA FL 33462

C/O ACE AIR  
 P.O. BOX 4012  
 LANTANA FL 33465-4012

2. Principal Place of Business

3. Mailing Address

**13100 PINE BOROUGH**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**PALM BEACH GARDENS, FL**

4. FEI Number

**59-2380995**

Applied For

Not Applicable

Zip

Country

Zip

Country

**33418 USA**

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

**WATERS, EARNEST C  
 1066 PALAMA WAY  
 LANTANA FL 33462**

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	<b>D/S</b>	<input type="checkbox"/> Delete
NAME	<b>WATERS, EARNEST C</b>	
STREET ADDRESS	<b>1066 PALAMA WAY</b>	
CITY-ST-ZIP	<b>LANTANA FL 33462</b>	
TITLE	<b>D/S</b>	<input type="checkbox"/> Delete
NAME	<b>DAVIS, RON</b>	
STREET ADDRESS	<b>510 WHITNEY AVENUE</b>	
CITY-ST-ZIP	<b>LANTANA FL 33467</b>	
TITLE	<b>D.</b>	<input type="checkbox"/> Delete
NAME	<b>OLSEN, GREG</b>	
STREET ADDRESS	<b>510 WHITNEY AVENUE</b>	
CITY-ST-ZIP	<b>LANTANA FL 33467</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>SANTAMA, PAAVO</b>	
STREET ADDRESS	<b>210 SW ATLANTIC DR</b>	
CITY-ST-ZIP	<b>LANTANA FL</b>	
TITLE		<input type="checkbox"/> Delete
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		
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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:** *(Signature)*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-12-00**  
 Date

Daytime Phone #

CR2E037 (9/99)