

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 03, 2002 8:00 am**  
**Secretary of State**

0034234

**DOCUMENT # 769793**

1. Entity Name

**THE SHARP BUILDING CONDOMINIUM ASSOCIATION, INC**

04-03-2002 90524 001 \*\*\*\*\*8.75  
 04-03-2002 90524 002 \*\*\*\*\*61.25

Principal Place of Business

Mailing Address

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

13100 PINE BOROUGH  
 WEST PALM BEACH FL 33418



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

*THE SHARP Bldg Condo Assn*

3. Mailing Address

Suite, Apt. #, etc.  
*13100 PINE BOROUGH LN*

Suite, Apt. #, etc.

City & State

*Palm Bch Gardens FL*

City & State

4. FEI Number

**59-2380995**

Applied For  
 Not Applicable

Zip  
*33418 7956*

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name *MR. WILLIAM A. BEAMS*  
 Street Address (P.O. Box Number is Not Acceptable)  
*13100 PINE BOROUGH LN.*  
 City *Palm Bch Gardens*, **FL** Zip Code *33418-7956*

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 *William A. Beams* *William A. Beams*  
 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

TITLE	<b>DP</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>D</b> <input type="checkbox"/> Delete
NAME	<b>SCHMIDT, FREDERICK</b>
STREET ADDRESS	<b>8233-18 GATOR LANE</b>
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33411</b>
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	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	
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: *William A. Beams* **REQUIRED**

*3-25-02* *561-689-9580*

CR2E037 (9/01)

0034234