2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # 790972 Mar 01, 2000 8:00 am **Secretary of State** OCEAN CLUB HOUSING ASSOCIATION INC 03-01-2000 90041 009 ****61.25 Mailing Address Principal Place of Business 4410 N. A1A 4410 N. A1A VERO BEACH FL 32963-5404 VERO BEACH FL 32963 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-1269013 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) STEWART, WILLIAM J., ESQ. MCKINNON, STEWART, NALL & MCKINNON 3355 OCEAN DR. Zip Code City VERO BEACH FL 32963 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Addition ☐ Delete VPD TITLE BOOKE, MAX NAME STREET ADDRESS STREET ADDRESS 2110 PARK PLACE CITY-ST-ZIP CITY-ST-ZIP <u>Pont Vedra BCH Fi</u> DIRECTOR ☐ Change TITLE Delete TITLE STD CHARLES DIKK NAME NAME KULMAN; LINDA 4400 NAIN #11 STREET ADDRESS STREET ADDRESS 1421 NOTTINGHAM ST VEROBEL, FL 32960 CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 82803 ☐ Change Addition TITLE TITLE Chris Christopherson NAME NAME soash, Marjorie " STREET ADDRESS STREET ADDRESS 4410 N A1A, #306 VERO Beh. Fh. 32960 CITY-ST-ZIP CITY-ST-ZIP vero Bch Fl ☐ Delete TITLE Change Addition NAME COLLINS, WILLIAM NAME STREET ADDRESS STREET ADDRESS 4400 N A1A #10 CITY-ST-ZIP CITY-ST-ZIP VERO BEACH FL 32923 ☐ Change Addition Delete TITLE TITLE NAME NAME HIVELY, JACK STREET ADDRESS STREET ADDRESS 37428 HARLOW DR CITY-ST-ZIP CITY-ST-7IP WILLOUGHBY OH 44094 ☐ Delete ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS

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.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE REQUIRED