

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **G37785**

1. Entity Name
OCEANS CONDOMINIUM REALTY, INC.

FILED
Mar 05, 2001 8:00 am
Secretary of State

03-05-2001 90343 013 ***150.00

Principal Place of Business
**3060 S. ATLANTIC AVE.
DAYTONA BEACH SHORES FL 32118
US**

Mailing Address
**3060 S. ATLANTIC AVE.
DAYTONA BCH SHORES FL 32118
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1 OCEANS WEST BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#14A2

City & State

City & State

DAYTONA BCH SHORES, FL

Zip

Country

Zip

32118

Country

USA

4. FEI Number **59-2288500**

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

**HUFFMAN, DOROTHY A.
3060 S. ATLANTIC AVE.
DAYTONA BCH SHORES FL 32118**

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☒ (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **HUFFMAN, DOROTHY A.**
STREET ADDRESS **3060 S. ATLANTIC AVE**
CITY-ST-ZIP **DAYTONA BCH SHORES FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** ☐ Delete
NAME **HUFFMAN, ELIZABETH**
STREET ADDRESS **1 OCEAN WEST BLVD #14A2**
CITY-ST-ZIP **DAYTONA BEACH FL 32118**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DST** ☒ Delete
NAME **HUFFMAN, ELIZABETH A.**
STREET ADDRESS **3060 S. ATLANTIC AVE.**
CITY-ST-ZIP **DAYTONA BELL SHORES FL 32118**

TITLE **SD** ☐ Change ☒ Addition
NAME **WILLIAM D. HUFFMAN**
STREET ADDRESS **6350 S. ATLANTIC AV**
CITY-ST-ZIP **NEW SMYRNA BCH, FL 32169**

TITLE **STD** ☒ Delete
NAME **FRETETTE-HUFFMAN, PATRICIA**
STREET ADDRESS **6350 S. ATLANTIC AVE**
CITY-ST-ZIP **NEW SMYRNA BEACH FL 32169**

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Dorothy A. Huffman, Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DOROTHY A. HUFFMAN

3/1/01 **904-756-1103**
Date Daytime Phone #

CR2E034 (10/00)