

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000000432

1. Entity Name

OCEAN PALMETTO CONDOMINIUM ASSOCIATION, INC.

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90118 030 ****70.00

Principal Place of Business

Mailing Address

800 878 E PALMETTO PARK RD
 BOCA RATON FL 33432

800 878 E PALMETTO PARK RD
 BOCA RATON FL 33432

2. Principal Place of Business

878 E. Palmetto Park Road

Suite, Apt. #, etc.

3. Mailing Address

878 E. Palmetto Park Road

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0995089

Applied For

Not Applicable

Zip

Country

Zip

Country

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

~~LIGUORI~~
~~LIGUORI~~, GERALD P
 800 E PALMETTO PARK ROAD
 BOCA RATON FL 33432

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 PD ☐ Delete
 NAME LIQUORI, GERALD P
 STREET ADDRESS 760 SW 15TH STREET
 CITY-ST-ZIP BOCA RATON FL 33486

TITLE ☒ Change ☐ Addition
 NAME LIGUORI, GERALD P.
 STREET ADDRESS
 CITY-ST-ZIP

TITLE VD ☐ Delete
 NAME OSTROWSKI, DOROTHY
 STREET ADDRESS 4169 ST ANDREWS DR
 CITY-ST-ZIP BOYNTON BEACH FL 33436

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

TITLE SD ☐ Delete
 NAME CARMEN, D'ANGELO JR
 STREET ADDRESS 460 NW 6TH AVE
 CITY-ST-ZIP BOCA RATON FL 33432

TITLE ☒ Change ☐ Addition
 NAME D'ANGELO, CARMEN, JR.
 STREET ADDRESS
 CITY-ST-ZIP

TITLE D ☐ Delete
 NAME STOCKER, SUSAN E
 STREET ADDRESS 5540 EJON COURT
 CITY-ST-ZIP BOCA RATON FL 33486

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

TITLE TD ☐ Delete
 NAME OSTROWSKI, MARK
 STREET ADDRESS 9826 KAMENA CIRCLE
 CITY-ST-ZIP BOYNTON BEACH FL 33436

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mark Ostrowski

Treasurer

Date

Daytime Phone #

2/26/02 (561) 368-4332

CR2E037 (9/01)