

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90267 033 ****61.25

DOCUMENT # N00000000432

1. Entity Name

OCEAN PALMETTO CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

**878 E PALMETTO PARK ROAD
BOCA RATON FL 33432
US**

Mailing Address

**878 E PALMETTO PARK ROAD
BOCA RATON FL 33432
US**

2. Principal Place of Business

800 EAST PALMETTO PK RD

3. Mailing Address

800 EAST PALMETTO PK RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State

BOCA RATON, FL

City & State

BOCA RATON, FL

4. FEI Number **65-0995089**

Applied For

Not Applicable

Zip

33432

Country

US

Zip

33432

Country

US

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

**LIQUORI, GERALD P
800 E PALMETTO PARK ROAD
BOCA RATON FL 33432**

Name
GERARD P. LIQUORI

Street Address (P.O. Box Number is Not Acceptable)

800 EAST PALMETTO PARK ROAD

City

BOCA RATON

FL

Zip Code

33432

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. I am familiar with, and accept the obligations of registered agent.

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
Florida 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 **PD** ☒ Change ☐ Addition
NAME **LIQUORI, GERARD P.**
STREET ADDRESS **760 SW 15TH STREET**
CITY-ST-ZIP **BOCA RATON, FL 33486**

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 **D'ANGELO, CARMEN JR**
STREET ADDRESS **460 NW 8TH AVE**
CITY-ST-ZIP **BOCA RATON FL 33432**

TITLE ☐ Change ☐ Addition
NAME
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 **D** ☒ Change ☐ Addition
NAME **SUSAN ELIZABETH STOCKER**
STREET ADDRESS **324 FLORENADA TERRACE**
CITY-ST-ZIP **BOCA RATON, FL 33486**

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 Required

2/19/03

CR2E037 (10/02)