

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2002 8:00 am
Secretary of State

05-16-2002 90047 025 ****61.25

DOCUMENT # N00000000718

1. Entity Name

OCEANFRONT CONDOMINIUM ASSOCIATION OF JACKSONVILLE BEACH, INC.

Principal Place of Business

Mailing Address

**1 SLEIMAN PKWY
STE 270
JACKSONVILLE FL 32216**

**1 SLEIMAN PKWY
STE 270
JACKSONVILLE FL 32216**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3624595 4**

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

**HEEKIN, ROBERT A
1 SLEIMAN PKWY STE 280
JACKSONVILLE FL 32216**

Name

M. Mark Heekin

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

1 Sleiman Parkway, Suite 270

City

Jacksonville

FL

Zip Code
32216

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 **D** ☐ Delete
NAME **SLEIMAN, ANTHONY T**
STREET ADDRESS **1 SLEIMAN PKWY STE 270**
CITY-ST-ZIP **JACKSONVILLE FL 32216**

TITLE **VP** ☐ Change ☒ Addition
NAME **Bernard E. Smith**
STREET ADDRESS **1 Sleiman Parkway, Suite 270**
CITY-ST-ZIP **Jacksonville, Florida 32216**

TITLE **D** ☐ Delete
NAME **SLEIMAN, PETER D**
STREET ADDRESS **1 SLEIMAN PKWY STE 270**
CITY-ST-ZIP **JACKSONVILLE FL 32216**

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

TITLE **D** ☐ Delete
NAME **SLEIMAN, ELI T JR**
STREET ADDRESS **1 SLEIMAN PKWY STE 270**
CITY-ST-ZIP **JACKSONVILLE FL 32216**

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

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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 OF REGISTERED AGENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/02

904 731 8806

CR2E037 (9/01)