

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

04-29-2002 90059 039 ****70.00

DOCUMENT # N00000001759

1. Entity Name

O.R. CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**400 TONEY PENNA DRIVE
 JUPITER FL 33458**

**400 TONEY PENNA DRIVE
 JUPITER FL 33458**

89310



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0992037

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

**SHOEMAKER, JOHN B
 503 N. ORLANDO AVENUE
 SUITE 105
 COCOA BEACH FL 32931**

Name
SHATZI-GAINES

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

750 OCEAN ROYALE WAY # 1101

JUNO BEACH, FL 33408

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 reappointing)

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 **KODSI, JOSEPH**
 STREET ADDRESS **4432 PARKWAY COMMERCE BLVD**
 CITY-ST-ZIP **ORLANDO FL 32808**

TITLE **PRESIDENT** Change Addition
 NAME **SHATZI GAINES**
 STREET ADDRESS **750 OCEAN ROYALE WAY**
 CITY-ST-ZIP **JUNO BEACH, FL 33408**

TITLE **D** Delete
 NAME **GINDIN, PETER**
 STREET ADDRESS **750 OCEAN ROYALE WAY 704N**
 CITY-ST-ZIP **NORTH PALM BEACH FL 33408**

TITLE **VICE PRESIDENT** Change Addition
 NAME **JAY KINGERY**
 STREET ADDRESS **700 OCEAN ROYALE WAY**
 CITY-ST-ZIP **JUNO BEACH, FL 33408**

TITLE **SD** Delete
 NAME **SHOEMAKER, JOHN B**
 STREET ADDRESS **503 N. ORLANDO AVENUE #105**
 CITY-ST-ZIP **COCOA BEACH FL 32931**

TITLE **SECRETARY/TREASURER** Change Addition
 NAME **DAN SLAVIN**
 STREET ADDRESS **700 OCEAN ROYALE WAY**
 CITY-ST-ZIP **JUNO BEACH, FL 33408**

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

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:

SHATZI GAINES PRES. 4-3-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)