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

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DOCUMENT # N00000001759 1. Entity Name O.R. CONDOMINIUM ASSOCIATION, INC.		
Principal Place of Business 400 TONEY PENNA DRIVE JUPITER, FL 33458		Mailing Address 400 TONEY PENNA DRIVE JUPITER, FL 33458
2. Principal Place of Business 700-750 ROYAL PALM WAY <small>Suite, Apt. #, etc.</small>		3. Mailing Address 1200 US HWY 1 - STE E <small>Suite, Apt. #, etc.</small>
City & State JUNO BEACH, FL		City & State N. PALM BEACH, FL
Zip 33408		Zip 33408
Country PALM BCH.		Country PALM BCH
4. FEI Number 65-0992037		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent GAINES, SHATZI 760 OCEAN ROYALE WAY #1101 JUNO BEACH, FL 33408		7. Name and Address of New Registered Agent Name MARCELLA BROWN Street Address (P.O. Box Number is Not Acceptable) 1200 HWY US 1 STE E City NORTH PALM BEACH FL Zip Code 33408
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 <i>Marcella Brown</i> <small>Signature, typed or printed name of Registered Agent and title if applicable.</small>		DATE <i>4/25/03</i> <small>NOTE: Registered Agent's current signature is required.</small>
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OP GAINES, SHATZI <input checked="" type="checkbox"/> Delete 760 OCEAN ROYALE WAY JUNO BEACH, FL 33408	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KINGERY, JAY <input type="checkbox"/> Delete 700 OCEAN ROYALE WAY JUNO BEACH, FL 33408	PRESIDENT - DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SLAVIN, DAN <input type="checkbox"/> Delete 700 OCEAN ROYALE WAY JUNO BEACH, FL 33408	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	VICE PRESIDENT - DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition FRANK MORROW 700 OCEAN ROYALE WAY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition JUNO BEACH, FL 33408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition ASST VICE PRESIDENT - DIRECTOR DOMINIC ISOLA
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: <i>Janet L. ...</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF FINANCIAL OFFICER OR DIRECTOR</small>		DATE <i>4/25/03</i>

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