

# 2002 UNIFORM BUSINESS REPORT (UBR)

02-25-2002 90036 038 \*\*\*\*61.25  
N01000004010

DOCUMENT # N01000004010 ✓

1. Entity Name

OC HOMEOWNERS ASSOCIATION, INC. OC Homeowner Association  
~ Typo

Principal Place of Business

Mailing Address

703 E THIRD AVE  
NEW SMYRNA BCH FL 32169

703 E THIRD AVE  
NEW SMYRNA BCH FL 32169

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

59-3135713

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

WRIGHT, THOMAS D  
340 N CAUSEWAY  
NEW SMYRNA BCH FL 32169

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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS DEVER, THOMAS  
CITY-ST-ZIP 703 E THIRD AVE  
NEW SMYRNA BCH FL 32169

TITLE ☐ Delete  
NAME D  
STREET ADDRESS SMITH, J. LAWRENCE  
CITY-ST-ZIP 428 QUAY ASSISI  
NEW SMYRNA BCH FL 32169

TITLE ☐ Delete  
NAME D  
STREET ADDRESS WILEY, DAVID J  
CITY-ST-ZIP 720 MAGNOLIA ST  
NEW SMYRNA BCH FL 32168

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP New Smyrna Bch

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

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

TITLE ☐ Change ☐ Addition  
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

Date

Overtime Phone #

CR2E037 (9/01)