

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

FILED
Jun 25, 2003 8:00 am
Secretary of State

06-25-2003 90071 014 *****70.00

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1. Entity Name

OCEAN TOWER ONE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

**169 MIRACLE MILE, SUITE 200
CORAL GABLES FL 33134**

Mailing Address

**169 MIRACLE MILE, SUITE 200
CORAL GABLES FL 33134**

2. Principal Place of Business

753 Crandon Blvd.

3. Mailing Address

753 Crandon Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Key Biscayne, FL

City & State

Key Biscayne, FL

Zip

33149

Country

USA

Zip

33149

Country

USA

4. FEI Number

01-0597622

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**WALKER, H. WILLIAM JR.
200 SOUTH BISCAYNE BLVD., SUITE 5000
MIAMI FL 33131**

7. Name and Address of New Registered Agent

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. 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

TITLE **PD** ☒ Delete
NAME **HINSON, JOHN A**
STREET ADDRESS **169 MIRACLE MILE, SUITE 200**
CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE **VPD** ☒ Delete
NAME **COBB, CHRISTIAN**
STREET ADDRESS **169 MIRACLE MILE, SUITE 200**
CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE **STD** ☒ Delete
NAME **ELBERT, DONALD J**
STREET ADDRESS **169 MIRACLE MILE, SUITE 200**
CITY-ST-ZIP **CORAL GABLES FL 33134**

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 **PD** ☒ Change ☐ Addition
NAME **Jay Fuchs**
STREET ADDRESS **799 Crandon Blvd. Unit 201**
CITY-ST-ZIP **Key Biscayne, FL 33149**

TITLE **VPD** ☒ Change ☐ Addition
NAME **Alfredo Estrada**
STREET ADDRESS **799 Crandon Blvd. Unit 901**
CITY-ST-ZIP **Key Biscayne, FL 33149**

TITLE **STD** ☒ Change ☐ Addition
NAME **Cristina Maria Avello**
STREET ADDRESS **799 Crandon Blvd. Unit 1207**
CITY-ST-ZIP **Key Biscayne, FL 33149**

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.

CR2E037 (10/02)