

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

FILED
May 05, 2003 8:00 am
Secretary of State

04-17-2003 90609 027 ****61.25

DOCUMENT # N02000001865

1. Entity Name

THE OCEAN SHORE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

1460 OCEAN SHORE BOULEVARD
ORMOND BEACH FL 32176

Mailing Address

1460 OCEAN SHORE BOULEVARD
ORMOND BEACH FL 32176

2. Principal Place of Business

1075 Ocean Shore Blvd.

Suite, Apt. #, etc.

3. Mailing Address

507-C Herbert St.

Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State

Ormond Beach, FL

City & State

Port Orange, FL

4. FEI Number

50-0010184

Applied For

Not Applicable

Zip

32176

Country

USA

Zip

32129

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

HILLMAN, ROBERT L
1460 OCEAN SHORE BOULEVARD
ORMOND BEACH FL 32176

7. Name and Address of New Registered Agent

Name

R. L. Reimer

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

507-C Herbert St.

City

Port Orange

FL

Zip Code

32129

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]

R. L. REIMER AS AGENT

3/25/03

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
NAME WILSON, TYREE F JR.
STREET ADDRESS 1460 OCEAN SHORE BOULEVARD
CITY-ST-ZIP ORMOND BEACH FL 32176 ☒ Delete

TITLE STD
NAME HILLMAN, ROBERT L
STREET ADDRESS 1460 OCEAN SHORE BOULEVARD
CITY-ST-ZIP ORMOND BEACH FL 32176 ☒ Delete

TITLE VD
NAME HEASTER, LEWIS M
STREET ADDRESS 1460 OCEAN SHORE BOULEVARD
CITY-ST-ZIP ORMOND BEACH FL 32176 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PB
NAME Pirkle, Kelly
STREET ADDRESS 1075 Ocean Shore Blvd, # 302
CITY-ST-ZIP Ormond Beach, FL 32176 ☐ Change ☒ Addition

TITLE VB
NAME Denard, Odian
STREET ADDRESS 1075 Ocean Shore Blvd, # 101
CITY-ST-ZIP Ormond Beach, FL 32176 ☐ Change ☒ Addition

TITLE SB
NAME Aacbal, Frances
STREET ADDRESS 1075 Ocean Shore Blvd, # 101
CITY-ST-ZIP Ormond Beach, FL 32176 ☐ Change ☒ Addition

TITLE TB
NAME VanWert, Leon
STREET ADDRESS 1075 Ocean Shore Blvd, #401
CITY-ST-ZIP Ormond Beach, FL 32176 ☐ Change ☒ Addition

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

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

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 another like empowered.

SIGNATURE:

[Signature] REQUIRED

4/1/03

Date

Daytime Phone #

CR2007 (10/02)