

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**May 14, 2002 8:00 am**  
**Secretary of State**

05-14-2002 90302 028 \*\*\*\*61.25

**DOCUMENT # N09943**

1. Entity Name

**OCEANA CONDOMINIUM ASSOCIATION OF HOLMES BEACH,  
INC.**

Principal Place of Business

Mailing Address

**2208 8TH STREET WEST  
PALMETTO FL 34221****2208 8TH STREET WEST  
PALMETTO FL 34221**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**59-2824094**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KAKLIS, V. WILLIAM ESQ.  
1400 4TH AVE. WEST  
BRADENTON FL 34205**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
PD	KRULL, DAVID J	2208 8TH STREET WEST	PALMETTO FL 34221	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
STD	KRULL, SANDRA E	2208 8TH STREET WEST	PALMETTO FL 34221	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
VD	GALBRAITH, HARRY W	506 CHESHIRE DRIVE	KNOXVILLE TN 37919	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)