

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 20, 2002 8:00 am**  
**Secretary of State**

02-20-2002 90137 017 \*\*\*\*61.25

**DOCUMENT # N12877**

1. Entity Name

**OCEANS ATRIUM ONE CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**3013 SOUTH ATLANTIC AVENUE  
 DAYTONA BEACH SHORES FL 32118**

**3013 SOUTH ATLANTIC AVENUE  
 DAYTONA BEACH SHORES FL 32118**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2807078**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**HUNT, JOANNE L  
 3013 S ATLANTIC AVENUE  
 906  
 DAYTONA BEACH SHORES FL 32118**

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	V	<input checked="" type="checkbox"/> Delete
NAME	FLINN, ANNE L	
STREET ADDRESS	3013 S ATLANTIC AVE #1006	
CITY-ST-ZIP	DAYTONA BEACH SHORES FL 32118	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HUNT, JOANNE L	
STREET ADDRESS	3013 S ATLANTIC AVE #906	
CITY-ST-ZIP	DAYTONA BEACH SHORES FL 32118	
TITLE	PD	<input type="checkbox"/> Delete
NAME	FENTON, BILL	
STREET ADDRESS	3013 S. ATLANTIC AVE., #1203	
CITY-ST-ZIP	DAYTONA BEACH SHORES FL 32118	
TITLE	D	<input type="checkbox"/> Delete
NAME	FERGUSON, BILL	
STREET ADDRESS	3013 S. ATLANTIC SHORES AVENUE #506	
CITY-ST-ZIP	DAYTONA BEACH SHORES FL 32118	
TITLE	TD	<input type="checkbox"/> Delete
NAME	TEATER, ROBERT B	
STREET ADDRESS	3013 A. ATLANTIC AVE #201	
CITY-ST-ZIP	DAYTONA BEACH FL 32118	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUNT, JOANNE L	
STREET ADDRESS	3013 S ATLANTIC AVE	
CITY-ST-ZIP	Daytona Beach Shores FL 32118	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Susanne Lenahan	
STREET ADDRESS	222 Crooked Tree Trail	
CITY-ST-ZIP	Deland, FL 32724	

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:** *Joanne L. Hunt* **SIGNATURE REQUIRED** **Joanne L. Hunt** 2/6/02 386-767-2996  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)