

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

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90295 050 \*\*\*\*61.25

**DOCUMENT # N15709**

1. Entity Name

**OCEAN PLACE OFFICE CONDOMINIUM OWNERS ASSOCIATION, INC.**



Principal Place of Business

**% DOWNS PROPERTIES  
777 W. HIGHWAY A1A, #201  
INDIALANTIC FL 32903**

Mailing Address

**% DOWNS PROPERTIES  
777 W. HIGHWAY A1A, #201  
INDIALANTIC FL 32903**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2881382**

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

**DOWNS, THOMAS M  
777 W. HIGHWAY A1A, #201  
INDIALANTIC FL 32903**

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 reinstalling)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PSD	<input type="checkbox"/> Delete
NAME	DOWNS, THOMAS M	
STREET ADDRESS	777 N. HIGHWAY A1A	
CITY-ST-ZIP	INDIALANTIC FL	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	WALL, BARBARA	
STREET ADDRESS	777 N. HIGHWAY A1A	
CITY-ST-ZIP	INDIALANTIC FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	TAYLOR, NANCY	
STREET ADDRESS	777 N HWY A1A	
CITY-ST-ZIP	INDIALANTIC FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED

THOMAS M. DOWNS

4/23/03

(321) 725-3000

CR2E037 (10/02)

11019551



☐ CHECK HERE IF MAKING CHANGES