

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N24937

1. Entity Name

OCEAN ISLE CONDOMINIUM ASSOCIATION, INC.

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90003 023 ****61.25

Principal Place of Business

Mailing Address

2910 S.E. DUNE DRIVE
 STUART FL 34996

2910 S.E. DUNE DRIVE
 STUART FL 34996-1992

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0097997

Applied For

Not Applicable

Zip

Country

Zip

Country

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

BODEM, LOREN MR.
 815 COLORADO AVENUE
 STUART FL 34994

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	P	<input type="checkbox"/> Delete
NAME	COSTER, EDWARD	
STREET ADDRESS	2910 SE DUNE DR	
CITY-ST-ZIP	STUART FL 34996	
TITLE	D	<input type="checkbox"/> Delete
NAME	SEAMAN, MORTON	
STREET ADDRESS	2910 SE DUNE DR	
CITY-ST-ZIP	STUART FL 34996	
TITLE	DT	<input type="checkbox"/> Delete
NAME	HESSLER, KENNETH	
STREET ADDRESS	2910 SE DUNE DR	
CITY-ST-ZIP	STUART FL 34996	
TITLE	D	<input type="checkbox"/> Delete
NAME	CHILDRESS, LINWOOD	
STREET ADDRESS	2910 SE DUNE DR	
CITY-ST-ZIP	STUART FL	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	KING, JOYCE	
STREET ADDRESS	2910 SE DUNE DR.	
CITY-ST-ZIP	STUART FL 34996	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D JOHN MLCARNEY	
STREET ADDRESS	2910 SE DUNE DR.	
CITY-ST-ZIP	STUART FL. 34996	
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		

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Signature **REQUIRER** *Peter J Brown* **Sec. 4.4.00** **581-225-2900**

CR2E037 (9/99)