

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2001 8:00 am
Secretary of State

05-11-2001 90056 015 ****61.25

DOCUMENT # N24937

1. Entity Name

OCEAN ISLE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

2910 S.E. DUNE DRIVE
 STUART FL 34996

2910 S.E. DUNE DRIVE
 STUART FL 34996

U T O I O U



DO NOT WRITE IN THIS SPACE

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

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 TIMOTHY D. KAZMIER
 Street Address (P.O. Box Number is Not Acceptable)
PLANTATION MANAGEMENT COMPANY
662 NE OCEAN BLVD
 City STUART FL Zip Code 34996

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]
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/23/01
 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	<u>P</u>	<input type="checkbox"/> Delete
NAME	<u>COSTER, EDWARD</u>	
STREET ADDRESS	<u>2910 SE DUNE DR</u>	
CITY-ST-ZIP	<u>STUART FL 34996</u>	
TITLE	<u>D</u>	<input checked="" type="checkbox"/> Delete
NAME	<u>SEAMAN, MORTON</u>	
STREET ADDRESS	<u>2910 SE DUNE DR</u>	
CITY-ST-ZIP	<u>STUART FL 34996</u>	
TITLE	<u>DT</u>	<input type="checkbox"/> Delete
NAME	<u>HESSLER, KENNETH</u>	
STREET ADDRESS	<u>2910 SE DUNE DR</u>	
CITY-ST-ZIP	<u>STUART FL 34996</u>	
TITLE	<u>D</u>	<input type="checkbox"/> Delete
NAME	<u>CHILDRESS, LINWOOD</u>	
STREET ADDRESS	<u>2910 SE DUNE DR</u>	
CITY-ST-ZIP	<u>STUART FL</u>	
TITLE	<u>D</u>	<input type="checkbox"/> Delete
NAME	<u>MC CARNEY, JOHN</u>	
STREET ADDRESS	<u>2910 SE DUNE DR</u>	
CITY-ST-ZIP	<u>STUART FL 34996</u>	
TITLE		<input type="checkbox"/> Delete

TITLE	<u>D</u>	<input checked="" 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	<u>D P</u>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<u>D VP</u>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<u>D T</u>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<u>D S</u>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<u>SIEGEL, CAROL</u>	
STREET ADDRESS	<u>2910 SE DUNE DRIVE</u>	
CITY-ST-ZIP	<u>STUART, FLORIDA 34996</u>	

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]
 KENNETH B. HESSLER

4/26/01

225-2900

CR2E037 (10/00)