

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 29, 2002 8:00 am**  
**Secretary of State**

04-29-2002 90103 040 \*\*\*\*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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0097997**

Applied For

Not Applicable

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

**KAZMIER, TIMOTHY D.**  
**PLANTATION MANAGEMENT COMPANY**  
**662 NE OCEAN BLVD.**  
**STUART FL 34996**

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
D	COSTER, EDWARD	2910 SE DUNE DR	STUART FL 34996	<input type="checkbox"/>
DP	HESSLER, KENNETH	2910 SE DUNE DR	STUART FL 34996	<input type="checkbox"/>
DVP	CHILDRESS, LINWOOD	2910 SE DUNE DR	STUART FL	<input type="checkbox"/>
DT	MC CARNEY, JOHN	2910 SE DUNE DR	STUART FL 34996	<input type="checkbox"/>
DS	SIEGEL, CAROL	2910 SE DUNE DRIVE	STUART FL 34996	<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<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:

*Handwritten signature of Kenneth Hessler*  
**Kenneth Hessler**

**4/8/02**

Date

Daytime Phone #

CR2E037 (9/01)