

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

FILED
Apr 09, 2003 8:00 am
Secretary of State

04-09-2003 90141 005 ****61.25

DOCUMENT # N24937



1. Entity Name
OCEAN ISLE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business
**2910 S.E. DUNE DRIVE
STUART FL 34996**

Mailing Address
**2910 S.E. DUNE DRIVE
STUART FL 34996**



CHECK HERE IF MAKING CHANGES

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

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

Name
Street Address (P.O. Box Number is Not Acceptable)
2115 SE OCEAN BLVD
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

(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 Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** Delete
NAME **COSTER, EDWARD**
STREET ADDRESS **2910 SE DUNE DR**
CITY-ST-ZIP **STUART FL 34996**

TITLE **SECRETARY/DIRECTOR** Change Addition
NAME **COHN, RICHARD**
STREET ADDRESS **2910 SE DUNE DR**
CITY-ST-ZIP **STUART FLORIDA 34996**

TITLE **DP** Delete
NAME **HESSLER, KENNETH**
STREET ADDRESS **2910 SE DUNE DR**
CITY-ST-ZIP **STUART FL 34996**

TITLE **DIRECTOR** Change Addition
NAME **BERNSTEIN, DIANE**
STREET ADDRESS **2910 SE DUNE DRIVE**
CITY-ST-ZIP **STUART, FLORIDA 34996**

TITLE **DVP** Delete
NAME **CHILDRESS, LINWOOD**
STREET ADDRESS **2910 SE DUNE DR**
CITY-ST-ZIP **STUART FL**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DT** Delete
NAME **MC CARNEY, JOHN**
STREET ADDRESS **2910 SE DUNE DR**
CITY-ST-ZIP **STUART FL 34996**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DS** Delete
NAME **SIEGEL, CAROL**
STREET ADDRESS **2910 SE DUNE DRIVE**
CITY-ST-ZIP **STUART FL 34996**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change 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 another like empowered.

SIGNATURE: SIGNATURE REQUIRED

4/09/03 772-225-2900

CR2E037 (10/02)