

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 05, 2000 8:00 am**  
**Secretary of State**

05-05-2000 90113 044 \*\*\*\*61.25

**DOCUMENT # N29758**  
 1. Entity Name  
**OCEAN HOUSE AT INDIAN RIVER PLANTATION CONDOMINI**

Principal Place of Business      Mailing Address  
**662 NE OCEAN BLVD**      **662 N.E OCEAN BLVD.**  
**STUART FL 34996**      **STUART FL 34996-1623**  
**US**      **US**

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 City & State      City & State  
 Zip      Country      Zip      Country



DO NOT WRITE IN THIS SPACE

4. FEI Number      Applied For  
**66-0097379**      Not Applicable  
 5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**KAZMIER, TIMOTHY D.**  
**662 N.E. OCEAN BLVD.**  
**STUART FL 34996**

7. Name and Address of New Registered Agent  
 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      DATE **4/10/00**  
Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reinstating)

**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

TITLE	<b>SD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>RICHEY, ROY</b>	
STREET ADDRESS	<b>662 N.E OCEAN BLVD.</b>	
CITY-ST-ZIP	<b>STUART FL 34996</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>ELLIOTT, BUD</b>	
STREET ADDRESS	<b>662 NE OCEAN BLVD</b>	
CITY-ST-ZIP	<b>STUART FL 34996</b>	
TITLE	<b>VPD</b>	<input type="checkbox"/> Delete
NAME	<b>SHANE, RICHARD</b>	
STREET ADDRESS	<b>662 N.E. OCEAN BLVD.</b>	
CITY-ST-ZIP	<b>STUART FL 34996</b>	
TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>BRACKEN, DON</b>	
STREET ADDRESS	<b>662 N.W. OCEAN BLVD.</b>	
CITY-ST-ZIP	<b>STUART FL</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>S D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SCHAFFER, MAL</b>	
STREET ADDRESS	<b>662 NE OCEAN BLVD</b>	
CITY-ST-ZIP	<b>STUART FLORIDA 34996</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>VOSS, DR.</b>	
STREET ADDRESS	<b>662 NE OCEAN BLVD.</b>	
CITY-ST-ZIP	<b>STUART, FLORIDA 34996</b>	
TITLE	<b>P D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SHARPE, RICHARD</b>	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>TUNIS, GEORGE</b>	
STREET ADDRESS	<b>662 NE OCEAN BLVD</b>	
CITY-ST-ZIP	<b>STUART, FLORIDA 34996</b>	
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:      DATE: **4/25/00**      DAYTIME PHONE: **561-225-0703**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR