

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N32372

1. Entity Name

OCEAN ISLE RIVERVIEW CONDOMINIUM ASSOCIATION, IN

**FILED**  
**May 10, 2000 8:00 am**  
**Secretary of State**

05-10-2000 90112 031 \*\*\*\*61.25

Principal Place of Business      Mailing Address  
 % PROFESSIONALLY YOURS. BARBARA      % PROFESSIONALLY YOURS. BARBARA  
 1342 SE 46TH LN. #3      P.O. BOX 831  
 CAPE CORAL FL 33904      CAPE CORAL FL 33910-0700  
 US      US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
 1950 BEACH PKWY      PO BOX 100831  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
 CAPE CORAL, FL 33904      CAPE CORAL, FL  
 Zip      Country      Zip      Country  
 33904      U.S.A.      33910      U.S.A.

4. FEI Number      Applied For  
 65-0120016      Not Applicable

5. Certificate of Status Desired      \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 PROFESSIONALLY YOURS, BARBARA INC.  
 1342 SE 46TH LANE #3  
 CAPE CORAL FL 33904

7. Name and Address of New Registered Agent  
 Name      BARBARA OLSON  
 Street Address (P.O. Box Number is Not Acceptable)      PROFESSIONALLY YOURS, INC  
 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 \_\_\_\_\_  
 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 NAME STREET ADDRESS CITY-ST-ZIP	STD HUNTER, CHARLES 1 EASTWOOD COURT BOORHEES NJ <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LAPHAM, LOUANN 1950 BEACH PKWY #101 CAPE CORAL FL 33904 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COWAN, JOE 1942 BEACH PKWY, #108 CAPE CORAL FL 33904 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FROMELIUS, MARGE 152 PRAIRIE DR WESTMONT, IL 60559 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Joseph Howard      4/28/00      Date      Daytime Phone #

CR2E037 (9/99)