

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N32372

FILED
Apr 30, 2003
Secretary of State

Entity Name: OCEAN ISLE RIVERVIEW CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

C/O PROFESSIONALLY YOURS INC
1342 SE 46TH LANE #3
CAPE CORAL, FL 33904 US

New Principal Place of Business:

Current Mailing Address:

C/O PROFESSIONALLY YOURS INC
PO BOX 100831
CAPE CORAL, FL 33910 US

New Mailing Address:

FEI Number: 65-0120016 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OLSON, BARBARA
% PROFESSIONALLY YOURS, INC.
1342 SE 46TH LANE #3
CAPE CORAL, FL 33904 US

Name and Address of New Registered Agent:

CAMPBELL, PHILIP
% PROFESSIONALLY YOURS, INC.
1342 SE 46TH LANE #3
CAPE CORAL, FL 33904 US

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: PHILIP CAMPBELL

04/30/2003

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HUNTER, CHARLES
Address: 1 EASTWOOD COURT
City-St-Zip: VOORHEES, NJ 08043 US

Title: STD () Delete
Name: FROMELIUS, MARGE
Address: 152 PRAIRIE DR.
City-St-Zip: WESTMONT, IL 60559 US

Title: VD () Delete
Name: HAG, HELGE
Address: 1217 E CAPE CORAL PKWY 215
City-St-Zip: CAPE CORAL, FL 33904 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: ECCLES, MICHELE
Address: 1950 BEACH PKWY #202
City-St-Zip: CAPE CORAL, FL 33904 US

Title: VD (X) Change () Addition
Name: ELLWOOD, DAVID
Address: 1936 BEACH PKWY #111
City-St-Zip: CAPE CORAL, FL 33904 US

Title: STD (X) Change () Addition
Name: UDELL, KATHRYN
Address: 1936 BEACH PKWY #210
City-St-Zip: CAPE CORAL, FL 33904 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHELE ECCLES

PD

04/30/2003

Electronic Signature of Signing Officer or Director

Date