

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 19, 2001 8:00 am**  
**Secretary of State**

05-17-2001 91321 050 \*\*\*\*61.25

**DOCUMENT # N36642**

1. Entity Name

**OCEAN FOREST HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business

1636 OCEAN FOREST DR  
 FERNANDINA BEACH FL 32034  
 US

Mailing Address

P. O. BOX 6453  
 FERNANDINA BEACH FL 32035  
 US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

**59-3213255**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

POOLE, WESLEY  
 303 CENTRE ST  
 STE 200  
 FERNADIRA BEACH FL 32034

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

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

TITLE **DT** *Director* ☐ Delete  
 NAME **FARRELL, DAWN**  
 STREET ADDRESS **1616 OCEAN FOREST DR**  
 CITY-ST-ZIP **FERNANDINA BEACH FL 32034** *Treasurer*

TITLE **DP** ☒ Delete  
 NAME **HOLLAND, KENNETH**  
 STREET ADDRESS **1636 OCEAN FOREST DR**  
 CITY-ST-ZIP **FERNANDINA BCH FL 32034**

TITLE **DP** *Director* ☐ Delete  
 NAME **SCHONINGER, STEVE** *member*  
 STREET ADDRESS **1615 OCEAN FOREST DR** *@ large*  
 CITY-ST-ZIP **FERNANDINA BEACH FL 32034**

TITLE **DS** ☒ Delete  
 NAME **KELLAS, LANCE**  
 STREET ADDRESS **1634 OCEAN FOREST DR**  
 CITY-ST-ZIP **FERNANDINA BEACH FL 32034**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE *Vice Pres* ☐ Change ☒ Addition  
 NAME **Paul Mee**  
 STREET ADDRESS **1635 Ocean Forest Dr.**  
 CITY-ST-ZIP **Fernandina Beach, FL 32034** *Director*

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE *Pres* ☐ Change ☒ Addition  
 NAME **Robert Kaufman**  
 STREET ADDRESS **1628 Ocean Forest Dr.**  
 CITY-ST-ZIP **Fernandina Beach, FL 32034** *Director*

TITLE *Relaxer at large* ☐ Change ☒ Addition  
 NAME **David Cox**  
 STREET ADDRESS **1618 Ocean Forest Dr.**  
 CITY-ST-ZIP **Fernandina Beach, FL 32034** *Director*

TITLE *Secretary* ☐ 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 all other like empowered.

SIGNATURE:

*Signature of Dawn E. Farrell*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Dawn E. Farrell**

Date

*Treasurer*

**(904) 261-2618**  
 Daytime Phone #

CR2E037 (10/00)