

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N39531**

1. Entity Name

**OCEAN OAKS HOMEOWNERS ASSOCIATION OF ST. AUGUSTINE***R***FILED****Aug 31, 2000 8:00 am**  
**Secretary of State**

08-31-2000 90004 041 \*\*\*\*61.25

Principal Place of Business

416 OCEAN DR  
ST. AUGUSTINE BEACH FL 32084  
US

Mailing Address

416 OCEAN DR  
ST. AUGUSTINE BEACH FL 32084  
US

UUUUUUUU



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

712 MICKLER BOULEVARD

3. Mailing Address

712 MICKLER BOULEVARD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

ST. AUGUSTINE, FL 32080

City &amp; State

ST. AUGUSTINE, FL 32080

4. FEI Number

59-2811335

Applied For

Not Applicable

Zip

32080

Country

USA

Zip

32080

Country

USA

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

6. Name and Address of Current Registered Agent

BESKIND, ROBERT  
416 OCEAN DR  
ST. AUGUSTINE BEACH FL 32084

7. Name and Address of New Registered Agent

Name

RICHARD AYOUB

Street Address (P.O. Box Number is Not Acceptable)

712 MICKLER BOULEVARD

City

ST. AUGUSTINE

FL

Zip Code  
32080

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****After September 13, 2000 min. will be \$236.25**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	P	<input checked="" type="checkbox"/> Delete
NAME	BESKIND, ROBERT	
STREET ADDRESS	416 OCEAN DR	
CITY-ST-ZIP	ST. AUGUSTINE BCH. FL 32084	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	HALE, MIKE	
STREET ADDRESS	413 OCEAN DR	
CITY-ST-ZIP	ST. AUGUSTINE BCH. FL 32084	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	LANGE, HENRY B	
STREET ADDRESS	3 WAVE PL	
CITY-ST-ZIP	ST. AUGUSTINE BCH FL 32084	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	RUSTERHOLZ, LEIVA U	
STREET ADDRESS	51 OCEAN CT	
CITY-ST-ZIP	ST. AUGUSTINE BCH FL 32084	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	AMOUB, RICHARD	
STREET ADDRESS	710 MICKLER BLVD.	
CITY-ST-ZIP	ST. AUGUSTINE BCH FL 32084	
TITLE	D	<input type="checkbox"/> Delete
NAME	GALANTOWICZ, RICHARD	
STREET ADDRESS	49 OCEAN CT.	
CITY-ST-ZIP	ST AUGUSTINE BCH FL 32084	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHARD AYOUB	
STREET ADDRESS	714 MICKLER BOULEVARD	
CITY-ST-ZIP	ST. AUGUSTINE, FL 32080	
TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICHAEL HALE	
STREET ADDRESS	413 OCEAN DRIVE	
CITY-ST-ZIP	ST. AUGUSTINE, FLORIDA	
TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RANDY GORICK	
STREET ADDRESS	714 MICKLER BOULEVARD	
CITY-ST-ZIP	ST. AUGUSTINE, FL 32080	
TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VRINI LERVA	
STREET ADDRESS	51 OCEAN COURT	
CITY-ST-ZIP	ST. AUGUSTINE, FL 32080	
TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRED HOLT OF	
STREET ADDRESS	26 SURFCREST	
CITY-ST-ZIP	ST. AUGUSTINE, FL 32080	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/00)