2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N39531

FILED Mar 18, 2002 8:00 AM Secretary of State

Entity Name: OCEAN OAKS HOMEOWNERS ASSOCIATION OF ST. AUGUSTINE BEACH, INC.

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
413 OCEA ST. AUGU	N DR ISTINE, FL 32080	US			
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
413 OCEA ST. AUGU	N DR STINE, FL 32080	US			
FEI Number:	: 59-2811335 F	El Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of Curr	ent Registered Agent:	Name and Address	of New Registered Agent:	
	.N DR ISTINE, FL 32080	mits this statement for the n	surpose of changing its registers	ed office or registered agent, or both,	
	e of Florida.	This this statement for the p	urpose of changing its register	ed office of registered agent, or both,	
SIGNATUF	RE:				
	Electronic S	Signature of Registered Age	ent	Date	
OFFICERS AND DIRECTORS:				Date	
OFFICERS	S AND DIRECTO	RS:	ADDITIONS/CHANG		
OFFICERS Title: Name: Address: City-St-Zip:	VPD () Deli HALTOF, FRED 26 SURFCREST ST ST. AUGUSTINE, FL	ete -	ADDITIONS/CHANG Title: Name: Address: City-St-Zip:		
Title: Name: Address: City-St-Zip: Title: Name: Address:	VPD () Del HALTOF, FRED 26 SURFCREST ST	ete _ 32080 US ete	Title: Name: Address:	SES TO OFFICERS AND DIRECTORS:	
Title: Name: Address:	VPD () Del- HALTOF, FRED 26 SURFCREST ST ST. AUGUSTINE, FL P () Del- HALE, MICHAEL 413 OCEAN DR	ete 32080 US ete . 32080 ete	Title: Name: Address: City-St-Zip: Title: Name: Address:	SES TO OFFICERS AND DIRECTORS: () Change () Addition	

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: RANDY GORICK TD 03/18/2002