

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90047 017 ****61.25

DOCUMENT # N42202

1. Entity Name
OCEAN PLACE ESTATES HOMEOWNERS' ASSOCIATION, INC



Principal Place of Business
**4401 S OCEAN BLVD
HIGHLAND BEACH FL 33487**

Mailing Address
**4401 S OCEAN BLVD
HIGHLAND BEACH FL 33487**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **64-0352563**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KOTLER, MICHAEL I
54 S.W. BOCA RATON BLVD.
BOCA RATON FL 33432**

Name **Jeffrey D. Kneen**
Street Address (P.O. Box Number is Not Acceptable)
**1400 Centre Park Boulevard
Suite 1000**
City **West Palm Beach** FL Zip Code **33401**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

(NOTE: Registered Agent signature required when reinstating)

DATE

1-20-03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	DIRENZO, AUGUST A	
STREET ADDRESS	C/O CUSHMAN 51 W 52ND	
CITY-ST-ZIP	NEW YORK NY	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	DIRENZO, DONALD A	
STREET ADDRESS	C/O CUSHMAN 51 WEST 52ND	
CITY-ST-ZIP	NEW-YORK-NY	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	GUTERREZ, CARMEN A	
STREET ADDRESS	4401 S OCEAN BLVD	
CITY-ST-ZIP	HIGHLAND BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CROWLEY, ANA	
STREET ADDRESS	9 OCEAN PLACE	
CITY-ST-ZIP	HIGHLAND BEACH FL 33487	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FAWZI, FRANK	
STREET ADDRESS	8 OCEAN PLACE	
CITY-ST-ZIP	HIGHLAND BEACH FL 33487	
TITLE	TD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Uuranniemi, Tuula	
STREET ADDRESS	10 Ocean Place	
CITY-ST-ZIP	HIGHLAND BEACH FL 33487	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HILLIARD, BARBARA	
STREET ADDRESS	7 OCEAN PLACE	
CITY-ST-ZIP	HIGHLAND BEACH FL 33487	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SPAIN, BERNARD	
STREET ADDRESS	5 OCEAN PLACE	
CITY-ST-ZIP	HIGHLAND BEACH FL 33487	
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: Tuula Uuranniemi, 1-15-03, 561-330-0850

CR2E037 (10/02)