2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # N93000002390 Apr 25, 2000 8:00 am Secretary of State OCEAN COLONY PROPERTY OWNERS' ASSOCIATION, INC. 04-25-2000 90038 030 ****61.25 Principal Place of Business Mailing Address 1105 12 ST 1105 12 ST VERO BCH FL 32960-3718 VERO BCH FL 32960 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0456414 Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) MERRILL, KAREN 1105 12 ST VERO BCH FL 32960 Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees **Department of State** FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ☐ Addition Change DVST TITLE TITLE ☐ Delete NAME NAME LOWENSTEIN, MONT 250 OCEAN BCH TR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP VERO BCH FL Delete Addition Change TITLE TITLE PETERSMEYER DAMM, NANCY NAME NAME STREET ADDRESS STREET ADORESS 114 WEST MORELAND CITY-ST-ZIP CITY-ST-ZIP PHILADELPHIA PA 19118 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME OREILLY, PHILLIP NAME STREET ADDRESS STREET ADDRESS 181 OCEAN BCH TR CITY-ST-ZIF CITY-ST-ZIP VERO BCH FL ☐ Change Addition TITLE ☐ Delete TITLE NAME SORKIN, FRED NAME STREET ADDRESS STREET ADDRESS 20 LOST BCH LN CITY-ST-ZIP CITY-ST-ZIP VERO BCH FL Change ☐ Addition Delete TITLE whaley, " NAME WHALES, TOM NAME STREET ADDRESS STREET ADDRESS 211 OCEAN BCH TR CITY-ST-ZIP CITY-ST-ZIP VERO BCH FL Addition ☐ Change Delete TITLE NAME NAME LOST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ERO BEACH, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR.

Date

Date

Date

Date

Date

Date

Date

Date

Description of the control of the control