

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 10, 2001 8:00 am
Secretary of State

07-10-2001 90566 017 ****61.25

DOCUMENT # N94000005082

1. Entity Name

OCEAN COURT TOWNHOME OWNERS ASSOCIATION, INC.

LP

Principal Place of Business

Mailing Address

**102 COLUMBIA DR. 105
CAPE CANAVERAL FL 32920**

**102 COLUMBIA DR. 105
CAPE CANAVERAL FL 32920**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3271397**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HUNTER, II H
109 OCEAN GARDEN LANE
CAPE CANAVERAL FL 32920**

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
After September 12, 2001, 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **VISCONTI, RICK**
STREET ADDRESS **8657 MAPLE COURT**
CITY-ST-ZIP **CAPE CANAVERAL FL**

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

TITLE **SD** ☐ Delete
NAME **HUNTER, HAROLD T., II**
STREET ADDRESS **109 OCEAN GARDEN LANE**
CITY-ST-ZIP **CAPE CANAVERAL FL**

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

TITLE **VPTD** ☐ Delete
NAME **BENNIX, WILLIAM**
STREET ADDRESS **PO BOX 927 N/A**
CITY-ST-ZIP **CAPE CANAVERAL FL 32920**

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

TITLE **D** ☐ Delete
NAME **BARGER, THOMAS N**
STREET ADDRESS **8667 MAPLE CT**
CITY-ST-ZIP **CAPE CANAVERAL FL 32920**

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

TITLE **SD** ☐ Delete
NAME **HUNTER II HAROLD T**
STREET ADDRESS **109 OCEAN GARDEN LANE**
CITY-ST-ZIP **CAPE CANAVERAL FL**

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

TITLE **PD** ☐ Delete
NAME **KIDD, JEFF**
STREET ADDRESS **101 WILLOW GREEN DR**
CITY-ST-ZIP **COCOA BEACH FL 32931**

TITLE ☐ 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]

7/16/01 371-799-9787

CR2E037 (5/01)

~~Attachment~~
ID# P00800024154
772733

6/25/01

To Whom it may Concern,

----- This was my first year as a corporation. When switching from a bookkeeper to an accountant, I just didn't know the importance of this form, that it should have gone to my accountant. I apologize, this won't happen again.

Sincerely,

Victor Sparozic
Gosemarie Sparozic