

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

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90355 013 \*\*\*\*61.25

**DOCUMENT # N96000001843**



1. Entity Name  
**OCEAN RIDGE HOMEOWNERS ASSOCIATION OF MELBOURNE  
BEACH, INC.**

Principal Place of Business Mailing Address  
**PO BOX 510402 PO BOX 510402**  
**MELBOURNE BEACH FL 32951 MELBOURNE BEACH FL 32951**  
**US US**



CHECK HERE IF MAKING CHANGES

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 **34-1831109** 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

**MCCULLOH, NEAL**  
**1065 MAITLAND CTR. COMMONS BLVD.**  
**MAITLAND FL 32751**

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

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  **\$5.00** May Be  
Trust Fund Contribution. 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          | <b>D</b>                        | <input type="checkbox"/> Delete            |
| NAME           | <b>BENTLEY, TERRY</b>           |  |
| STREET ADDRESS | <b>210 OCEAN RIDGE DRIVE</b>    |  |
| CITY-ST-ZIP    | <b>MELBOURNE BEACH FL 32951</b> |  |
| TITLE          | <b>DP</b>                       | <input checked="" type="checkbox"/> Delete |
| NAME           | <b>BROADWELL, ALAN</b>          |  |
| STREET ADDRESS | <b>292 SANIBEL WAY</b>          |  |
| CITY-ST-ZIP    | <b>MELBOURNE BEACH FL 32951</b> |  |
| TITLE          | <b>D</b>                        | <input checked="" type="checkbox"/> Delete |
| NAME           | <b>NAPOLITAN, JOHN</b>          |  |
| STREET ADDRESS | <b>260 OCEAN RIDGE DRIVE</b>    |  |
| CITY-ST-ZIP    | <b>MELBOURNE BEACH FL 32951</b> |  |
| TITLE          | <b>DV</b>                       | <input type="checkbox"/> Delete            |
| NAME           | <b>JEWEL, LARRY</b>             |  |
| STREET ADDRESS | <b>240 OCEAN RIDGE DRIVE</b>    |  |
| CITY-ST-ZIP    | <b>MELBOURNE BEACH FL 32951</b> |  |
| TITLE          |                                 | <input type="checkbox"/> Delete            |
| NAME           |                                 |  |
| STREET ADDRESS |                                 |  |
| CITY-ST-ZIP    |                                 |  |
| TITLE          |                                 | <input type="checkbox"/> Delete            |
| NAME           |                                 |  |
| STREET ADDRESS |                                 |  |
| CITY-ST-ZIP    |                                 |  |

|                |                                 |  |
|----------------|---------------------------------|--|
| TITLE          | <b>DVP</b>                      | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | <b>Chuck Horvath</b>            |  |
| STREET ADDRESS | <b>170 Ocean Ridge</b>          |  |
| CITY-ST-ZIP    | <b>Melbourne Beach FL 32951</b> |  |
| TITLE          | <b>DT</b>                       | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | <b>Karen Knox</b>               |  |
| STREET ADDRESS | <b>122 Sanibel Way</b>          |  |
| CITY-ST-ZIP    | <b>Melbourne Beach FL 32951</b> |  |
| TITLE          | <b>D</b>                        | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | <b>Patrick Brunsson</b>         |  |
| STREET ADDRESS | <b>254 Captiva Court</b>        |  |
| CITY-ST-ZIP    | <b>Melbourne Beach FL 32957</b> |  |
| TITLE          | <b>DP</b>                       | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                                 |  |
| STREET ADDRESS |                                 |  |
| CITY-ST-ZIP    |                                 |  |
| TITLE          |                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                                 |  |
| STREET ADDRESS |                                 |  |
| CITY-ST-ZIP    |                                 |  |
| 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: *Karen Knox* **KAREN L. KNOX** 4-9-03 321-676-1163

CR2E037 (10/02)