

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000003450

1. Entity Name

OCEAN GRANDE PLACE HOMEOWNERS' ASSOCIATION, INC.

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90074 017 ****70.00

Principal Place of Business	Mailing Address
153 SE 1ST AVE BOCA RATON FL 33432	153 SE 1ST AVE BOCA RATON FL 33432-4923

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	65-0843999	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
LEVINE, JEFFREY A 4000 NO. FEDERAL HWY,STE.201 BOCA RATON FL 33431	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	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 NAME STREET ADDRESS CITY-ST-ZIP	DP NORMAN, JEFFREY H 4000 NO. FEDERAL HWY,STE.201 BOCA RATON FL 33431 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPT CLARKE, BARBARA 4000 NO. FEDERAL HWY,STE.201 BOCA RATON FL 33431 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS STERLING, JEANNIE 4000 NO. FEDERAL HWY,STE.201 BOCA RATON FL 33431 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 (IMAGED) 2/24/00 (561) 391-1747
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)