

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000003450

1. Entity Name

OCEAN GRANDE PLACE HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

153 SE 1ST AVE
BOCA RATON FL 33432

Mailing Address

153 SE 1ST AVE
BOCA RATON FL 33432

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

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 DP
NAME NORMAN, JEFFREY H
STREET ADDRESS 4000 NO. FEDERAL HWY, STE. 201
CITY-ST-ZIP BOCA RATON FL 33431 ☐ Delete

TITLE ☒ Change ☐ Addition
NAME 153 SE 1st Avenue
STREET ADDRESS Boca Raton, FL 33432
CITY-ST-ZIP

TITLE DVPT
NAME CLARKE, BARBARA
STREET ADDRESS 4000 NO. FEDERAL HWY, STE. 201
CITY-ST-ZIP BOCA RATON FL 33431 ☐ Delete

TITLE ☒ Change ☐ Addition
NAME 153 SE 1st Avenue
STREET ADDRESS Boca Raton, FL 33432
CITY-ST-ZIP

TITLE DS
NAME STERLING, JEANNIE
STREET ADDRESS 4000 NO. FEDERAL HWY, STE. 201
CITY-ST-ZIP BOCA RATON FL 33431 ☐ Delete

TITLE ☒ Change ☐ Addition
NAME 153 SE 1st Avenue
STREET ADDRESS Boca Raton, FL 33432
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

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

Jeffrey H. Norman
President 3/23/01 (Sb) 391-1747
Date Daytime Phone #

FILED
Mar 29, 2001 8:00 am
Secretary of State

03-29-2001 90365 024 ****61.25

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DO NOT WRITE IN THIS SPACE

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