## **2002 UNIFORM BUSINESS REPORT (UBR)** DOCUMENT # N9800003450

1. Entity Name

## OCEAN GRANDE PLACE HOMEOWNERS' ASSOCIATION, INC.

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Principa	I Place of Business	Mailing Address		······································				
153 SE 1 BOCA R/	IST AVE ATON FL 33432							
				1 100/4/01 0/0 161	16 (116) 150% 150% 1400 1400 1400 1	1818 1 1111 1180 1180 1180 1180 1180 11	SU <b>11</b> U 1 <b>11</b>	
	dipal Place of Business 3. Mailing Address							
	2-3654 S. Ocean Blvd. c/o Grant Proper  3. Apt. #, etc. Suite, Apt. #, etc.			•				
Suite	3. Apr. #, etc.   1599 NW 9th Ave.			DO NOT WRITE IN THIS SPACE				
City	& State City & State			4. FE! Number		Ai	oplied For	
	land Beach, FL 33487 , Boca Raton, FL 3			65	-0843999		ot Applicable	
Zip	Country	Zip	Country	5. Certificate of Sta	atus Desired 🔲	\$8.75 Add		
3348	37\/ USA 6. Name and Address of Current	33486	USA	7 Name and Add	ress of New Registered		;u	
	o. Hame and Address of Content	nogistereo Agent	Name	7. Italii alia Add	icoo or non riogistoree	. Agem		
:				Street Address (P.O. Box Number is Not Acceptable)				
	NE, JEFFREY A			Siteet Address (F.O. DOX Number is Not Acceptable)				
	NO. FEDERAL HWY,STE.201 A RATON FL 33431							
000			City		F	Zip Cod	e	
9 Thou	above named entity submits this statement fo	the surges of changing its	registered office	ar radiatored agent or both in				
<b>0.</b> 111 <del>0</del> 6	above named entity subtritis this statement to	r the purpose of changing his	registered office (	or registered agent, or both, in	ine state of Florida.			
SIGNAT	SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE							
	Signature, typeo or printed harne of registered agent.	and the irappscapie. (AQTE	: Hegistered Agent signi	ature required when reinstating)	DATE			
	FILE NOW: FEE IS \$61.25  9. Election Campaig Trust Fund Contr			ng \$5.00 May Be Added to Fees Make Check Payable to Department of State				
10.	OFFICERS AND DIS	ECTORS	11.	ADDITIONS/CHANGE	S TO OFFICERS AND D	DIRECTORS IN	I 10	
TITLE	DP	X Delete	TITLE	PD		☐ Change	X Addition	
NAME	NORMAN, JEFFREY H		NAME	Artie Kwiat				
STREET AD	PRESS 153 SE-1ST-AVENUE		STREET ADDRESS CITY-ST-ZIP	3626 S. Ocean E				
	BOCA RATON FL 33432			Highland Beach,	FL 33487	☐ Change	Addition	
TITLE NAME	CLARKE, BARBARA	🔀 Delete	TITLE NAME	VPD		Change	XI Angrion	
	DRESS 153 SE 1ST AVENUE	to a comm	- STREET ADDRESS	Steven Silver	ili va " " " " "			
CITY-ST-Z	DOOM		CITY-ST-ZIP	Highland Beach,				
TITLE	DS ISANUIS	X Detete	TITLE	S/TD		☐ Change	Addition	
NAME	STERLING, JEANNIE		NAME	Richard Bailyn			}	
STREET ADI	1 100 00 101 11100		STREET ADDRESS CITY-ST-ZIP	3622 S. Ocean E	31vd.		ļ	
TITLE	BOOK TIATON TE 30402	☐ Delete	TITLE	Highland Beach,	_FL33487	☐ Change	☐ Addition	
NAME		C Delete	NAME			Shorigo		
STREET ADI	PRESS		STREET ADDRESS					
CITY-ST-Z	IP I		CITY-ST-ZIP					
TITLE		☐ Delete	TITLE			☐ Change	Addition	
NAME CTRCCT AD	Darce		NAME CERTEL ADDRESS					
STREET ADI			STREET ADDRESS CITY-ST-ZIP					
	<del> </del>	☐ Delete	TITLÉ		<u> </u>	☐ Change	☐ Addition	
TITLE NAME		LJ UBIETE	NAME			change		
	NREGG		STREET ADDRESS	1			(	

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 reports 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 enriptowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if chapter 617, or an attachment with an address, with all other the empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZP

bleced wit PRESIDENT

01-22-02

FILED Feb 12, 2002 8:00 am Secretary of State

02-12-2002 90053 038 \*\*\*\*61.25