

FILED  
Feb 27, 2003 8:00 am  
Secretary of State

02-06-2003 90111 015 \*\*\*\*61.25

2/6

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

DOCUMENT # N99000005663

1. Entity Name  
**OCEAN RESIDENCES II AT ORCHID ISLAND CONDOMINIUM  
ASSOCIATION, INC.**



Principal Place of Business  
**1 BEACHSIDE DRIVE  
TOWN OF ORCHID  
VERO BEACH FL 32963**

Mailing Address  
**1 BEACHSIDE DRIVE  
TOWN OF ORCHID  
VERO BEACH FL 32963**



☒ 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 **59-3599890**

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

**QUINN, JEROME D  
3111 CARDINAL DRIVE  
VERO BEACH FL 32963**

Name **SANDRA G. RENNICK**  
Street Address (P.O. Box Number is Not Acceptable)  
**90 GOLF COURSE FENNEL**  
**977 BEACHLAND BOULEVARD**  
City **VERO BEACH** FL Zip Code **32963**

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

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  
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                                                |                                                                                                                          |
|------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VSTD<br/>TOOMEY, ROBERT<br/>3125 WINDSOR BLVD.<br/>VERO BEACH FL 32963</b> <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VD<br/>WEBER, JOHN<br/>1 BEACHSIDE DRIVE<br/>VERO BEACH FL 32963</b> <input checked="" type="checkbox"/> Delete       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>BROUGH, JOHN A<br/>3125 WINDSOR BLVD.<br/>VERO BEACH FL 32963</b> <input checked="" type="checkbox"/> Delete    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VD<br/>TENCH, ROBERT J<br/>1 BEACHSIDE DRIVE<br/>VERO BEACH FL 32963</b> <input checked="" type="checkbox"/> Delete   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                          |

|                                                |                                                                                                                                                             |
|------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>P/D<br/>JERRY KOKES<br/>20 BEACHSIDE DR, # 302<br/>VERO BEACH, FL 32963</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>S/D<br/>DAYD HOLLER<br/>30 BEACHSIDE DR # 102<br/>VERO BEACH, FL 32963</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>T/D<br/>MICHAEL LAZOR<br/>20 BEACHSIDE DR # 101<br/>VERO BEACH, FL</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED**

CR2E037 (10/02)