

2002 UNIFORM BUSINESS REPORT (UBR)

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

03-12-2002 90997 029 ****61.25

DOCUMENT # 712233

1. Entity Name

TALL OCEAN BEACH CONDOMINIUM APTS., INC.

Principal Place of Business

Mailing Address

755 OCEAN DR WEST
 KEY COLONY BEACH FL 33051

755 W. OCEAN DR
 P. O. BOX 2
 KEY COLONY BEACH FL 33051-0002
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

755 W. OCEAN DR.

P.O. Box 510827

Key Colony Bch. FL.

33051-0827

MONROE



DO NOT WRITE IN THIS SPACE

4. FEI Number

NOT APPLICABLE

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

STOHL, STEPHEN A.
755 OCEAN DR W
KEY COLONY BCH FL 33051

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: **TD** Delete
 NAME: **BEHRENS, ALBERT W.**
 STREET ADDRESS: **755 OCEAN DR WEST**
 CITY-ST-ZIP: **KEY COLONY BEACH FL**

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: **SD** Delete
 NAME: **JUVE, MARILYN**
 STREET ADDRESS: **755 OCEAN DR WEST**
 CITY-ST-ZIP: **KEY COLONY BCH FL**

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: **D** Delete
 NAME: **LEAVITT, SAMUEL**
 STREET ADDRESS: **755 OCEAN DR WEST**
 CITY-ST-ZIP: **KEY COLONY BEACH FL**

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: **PD** Delete
 NAME: **RHODA, RICHARD**
 STREET ADDRESS: **755 OCEAN DRIVE WEST**
 CITY-ST-ZIP: **KEY COLONY BEACH FL**

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: **D** Delete
 NAME: **STOHL, STEPHEN A.**
 STREET ADDRESS: **755 OCEAN DR WEST**
 CITY-ST-ZIP: **KEY COLONY BEACH FL**

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Delete
 NAME:
 STREET ADDRESS:
 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: *Albert W. Behrens* **ALBERT W. BEHRENS**

Date: **2-25-02** Daytime Phone #: **305-289-1366**

CR2E037 (9/01)