

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

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90185 014 ****61.25

DOCUMENT # 712233

1. Entity Name

TALL OCEAN BEACH CONDOMINIUM APTS., INC.



Principal Place of Business

**755 OCEAN DR WEST
KEY COLONY BEACH FL 33051**

Mailing Address

**755 W. OCEAN DR
P.O. BOX 510827
MONROE 33051-0827
US.**

90006437



2. Principal Place of Business

3. Mailing Address

P.O. BOX 510827

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State

City & State

Key Colony Bch. FL.

4. FEI Number **NOT APPLICABLE**

Applied For

Not Applicable

Zip

Country

Zip

33051-0827

Country

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. 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 | TD | <input type="checkbox"/> Delete |
| NAME | BEHRENS, ALBERT W. | |
| STREET ADDRESS | 755 OCEAN DR WEST | |
| CITY-ST-ZIP | KEY COLONY BEACH FL | |
| TITLE | SD | <input type="checkbox"/> Delete |
| NAME | JUVE, MARILYN | |
| STREET ADDRESS | 755 OCEAN DR WEST | |
| CITY-ST-ZIP | KEY COLONY BCH FL | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | LEAVITT, SAMUEL | |
| STREET ADDRESS | 755 OCEAN DR WEST | |
| CITY-ST-ZIP | KEY COLONY BEACH FL | |
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | RHODA, RICHARD | |
| STREET ADDRESS | 755 OCEAN DRIVE WEST | |
| CITY-ST-ZIP | KEY COLONY BEACH FL | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | STOHL, STEPHEN A. | |
| STREET ADDRESS | 755 OCEAN DR WEST | |
| CITY-ST-ZIP | KEY COLONY BEACH FL | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|--------------|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | 33051 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | 33051 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| CITY-ST-ZIP | 33051 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | 33051 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | 33 | |

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, President** Date: **1/15/03** (301) 284-1366

CR2E037 (10/02)