

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2000 8:00 am
Secretary of State

03-14-2000 90076 020 ****61.25

DOCUMENT # 710479

1. Entity Name

SEA MONARCH CONDOMINIUM, INC.

Principal Place of Business

111 N POMPANO BEACH BLVD
 POMPANO BEACH FL 33062

Mailing Address

111 N POMPANO BEACH BLVD
 POMPANO BEACH FL 33062-5718

821931



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-1308234

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

POLIAKOFF, GARY
3111 STIRLIN ROAD
FT. LAUDERDALE FL 33312-3525

7. Name and Address of New Registered Agent

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

Ward Bl Whitten **TREASURER**

3/9/00

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	CERASANI, JOHN	
STREET ADDRESS	111 N POMPANO BCH BLVD #1511	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	DIETRICH, FREDERICK	
STREET ADDRESS	111 N POMPANO BEACH BLVD PH13	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	SCHEIN, ROSE	
STREET ADDRESS	111 N POMPANO BEACH BLVD #1804	
CITY-ST-ZIP	POMPANO BCH FL 33062	
TITLE	TD	<input type="checkbox"/> Delete
NAME	WHITTEN, WARD	
STREET ADDRESS	111 N POMPANO BEACH BLVD #1906	
CITY-ST-ZIP	POMPANO BCH FL 33062	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	MARX, BARBARA	
STREET ADDRESS	111 N POMPANO BCH BLVD #702	
CITY-ST-ZIP	POMPANO BCH FL 33062	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	BLATT, WILLIAM	
STREET ADDRESS	111 N POMPANO BEACH BLVD #1912	
CITY-ST-ZIP	POMPANO BCH FL 33062	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	William Blatt	
STREET ADDRESS	111 N. Pompano Beach Blvd., #1912	
CITY-ST-ZIP	Pompano Beach, FL 33062	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Goldfarb, David	
STREET ADDRESS	111 N. Pompano Beach Blvd., #314	
CITY-ST-ZIP	Pompano Beach, FL 33062	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Scarantino, David	
STREET ADDRESS	111 N. Pompano Beach Blvd., #1809	
CITY-ST-ZIP	Pompano Beach, FL 33062	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	William Maher	
STREET ADDRESS	111 N. Pompano Beach Blvd., #704	
CITY-ST-ZIP	Pompano Beach, FL 33062	

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:

Ward Bl Whitten **TREASURER**

3/9/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)