

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 01, 2001 8:00 am**
Secretary of State

02-01-2001 90062 014 ****61.25

DOCUMENT # 717692

1. Entity Name

SEACREST TOWERS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**1609 N. RIVERSIDE DR
POMPANO BCH FL 33062-3325****1609 N. RIVERSIDE DR
POMPANO BCH FL 33062-3325**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1494622

Applied For

Not Applicable

Zip

Country

Zip

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

**MANNING, JAMES
1609 N. RIVERSIDE DR., #306
POMPANO BEACH FL 33062**

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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D MANNIG, JAMES 1609 N RIVERSIDE DR, #306 POMPANO BCH FL 33062	<input type="checkbox"/>		
SD NICHOLAS, RALPH 1609 N RIVERSIDE DR, #801 POMPANO BCH FL 33062	<input type="checkbox"/>		
VPD AIKEN, ROBERT 1609 N RIVERSIDE DR, #501 POMPANO BCH FL 33062	<input type="checkbox"/>		
VPD ELLIOTT, JAMES 1609 N. RIVERSIDE DRIVE, #203 POMPANO BCH FL 33062	<input checked="" type="checkbox"/>	VPD SMALL, ALBERT 1609 N. RIVERSIDE DR #507 POMPANO BEACH FL 33062	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
PD BUERK, JOSEPH 1609 N. RIVERSIDE DR., #205 POMPANO BCH FL 33602	<input type="checkbox"/>		
	<input type="checkbox"/>		

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JOSEPH BUERK

1/25/01

Date

(954) 784-7689

Daytime Phone #

CR2E037 (10-00)