

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90433 024 ****61.25

DOCUMENT # 739432

1. Entity Name

THE SEA GULL CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**4440 OCEAN BEACH BLVD.
 COCOA BEACH FL 32931**

**4440 OCEAN BEACH BLVD.
 COCOA BEACH FL 32931-3554**

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

59-2177739

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JORDAN, JOHN
 506 HOLLY DR
 SATELLITE BCH FL 32937**

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 JOHN JORDAN *John Jordan*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

04-21-00

**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 **S** Delete
 NAME **BRACKETT, ELMER E JR**
 STREET ADDRESS **P O BOX 321439 N/A**
 CITY-ST-ZIP **COCOA BEACH FL 32931**

TITLE **SECRETARY** Change Addition
 NAME **JAMES ENORY**
 STREET ADDRESS **5120 PINTAIL LANE**
 CITY-ST-ZIP **MERRITT ISLAND, FL 32953**

TITLE **VPD** Delete
 NAME **HARTMAN, DAN**
 STREET ADDRESS **1290 ROBBINSWOOD DR**
 CITY-ST-ZIP **ROCKLEDGE, FL**

TITLE **DIRECTOR/MANAGER** Change Addition
 NAME **DAN HARTMAN**
 STREET ADDRESS **1290 ROBBINSWOOD DR**
 CITY-ST-ZIP **ROCKLEDGE, FL 32955**

TITLE **D** Delete
 NAME **JORDAN, JOHN**
 STREET ADDRESS **506 HOLLY DR**
 CITY-ST-ZIP **SATELLITE BEACH FL**

TITLE **PRESIDENT** Change Addition
 NAME **JOHN JORDAN**
 STREET ADDRESS **506 HOLLY DR**
 CITY-ST-ZIP **SATELLITE BEACH, FL 32937**

TITLE **D** Delete
 NAME **STACHEL, ROBERT D.**
 STREET ADDRESS **555 FILLMORE AVE. #101**
 CITY-ST-ZIP **CAPE CANAVERAL FL**

TITLE **TREASURER** Change Addition
 NAME **RAY NIELSEN**
 STREET ADDRESS **3125 NICHOLSON DR**
 CITY-ST-ZIP **WINTER PARK, FL 32792**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Change Addition
 NAME **NELL PRITCHETT**
 STREET ADDRESS **2484 NEW FOUND HARBOR DR**
 CITY-ST-ZIP **MERRITT ISLAND, FL 32952**

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: Signature Required

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/2000

Date

(321) 783 4441

Daytime Phone #

CR2E037 (9/99)