2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE

FILED Mar 19, 2001 8:00 am Secretary of State **DOCUMENT # 739432** 1. Entity Name THE SEA GULL CONDOMINIUM ASSOCIATION, INC. 03-19-2001 90058 001 ****61.25 Principal Place of Business Mailing Address 4440 OCEAN BEACH BLVD. 4440 OCEAN BEACH BLVD. DUVAULT COCOA BEACH FL 32931 COCOA BEACH FL 32931 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2177739 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HARTMAN Street Address (P.O. Box Number is Not Acceptable) JORDAN, JOHN 506 HOLLY DR SATELLITE BCH FL 32937 OBBINSWOOD DRIVE 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 FILE NOW:** 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. FEE IS \$61.25 Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 PRESIDENT LOIRECTOR TITLE Delete TITLE Change ☐ Addition HARTMAN, DAN DR. NAME BRACKETT, ELMER E JR NAME P O BOX 321439 N/A STREET ADDRESS STREET ADDRESS ROCKLESGE, FL. 32955 CITY-ST-ZIP COCOA BEACH FL 32931 CITY-ST-ZIP VICE PRESIDENT / DIRECTOR VPD TITLE Delete TITLE Change ☐ Addition PRITCHETT MRS. NELL 2484 NEW POLLED HARBURDR. HARTMAN, DAN NAME NAME STREET ADDRESS 1290 ROBBINSWOOD DR STREET ADDRESS CITY-ST-ZIP ROCKLEDGE FL CITY-ST-ZIP MERRITT ISLAND FL 32951 SECRETARY / DIRECTOR TITLE Delete Delete TITLE Change ☐ Addition JORDAN, JOHN JAMES E. EMORY 5120 PINTAIL LANE NAME NAME 506 HOLLY DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SATELLITÉ BEACH FL CITY-ST-ZIP MERRITT FSLAND FL. 32953 TREASURED I DIRECTOR NIELSEN, RAYMOND 3125 NICHOLSON DR. TITLE Delete TITLE -- -Change, STACHEL, ROBERT D. NAME NAME 555 FILLMORE AVE. #101 STREET ADDRESS STREET ADDRESS CITY-ST-7iP CAPE CANAVERAL FL CITY-ST-ZIP WINTERPARK FL, 32792 TITLE ☐ Delete TITLE DIRECTOR Change ☐ Addition NAME NAME ASH LEE INE DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HARRISBURG PA.17109 ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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.

HARTMAN FRES