

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2000 8:00 am**  
**Secretary of State**

04-11-2000 90241 024 \*\*\*\*61.25

**DOCUMENT # 739995**  
 1. Entity Name  
**THE SEAMIST CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business      Mailing Address  
**275 BEACH ROAD**      **275 BEACH ROAD**  
**TEQUESTA FL 33469**      **TEQUESTA FL 33469-2867**

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 **59-1813281**      Applied For  
 Not Applicable  
 5. Certificate of Status Desired       **\$8.75 Additional Fee Required**



**6. Name and Address of Current Registered Agent**  
**INGLIS, STEVE**  
**C/O BRISTOL MANAGEMENT**  
~~100 S. U.S. 1, #F5-135~~  
**JUPITER FL 33477**

**7. Name and Address of New Registered Agent**  
 Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable)  
**725 NORTH AIA #C110**  
 City **JUPITER**      FL      Zip Code **33477**

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 \_\_\_\_\_      (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 VD	<input checked="" type="checkbox"/> Delete NAME: <b>BAREFOOT, ROBERT</b> STREET ADDRESS: <b>275 BEACH RD</b> CITY-ST-ZIP: <b>TEQUESTA FL 33469</b>
TITLE PD	<input type="checkbox"/> Delete NAME: <b>ABERSON, JOHN</b> STREET ADDRESS: <b>275 BEACH RD.</b> CITY-ST-ZIP: <b>TEQUESTA FL 33469</b>
TITLE D	<input type="checkbox"/> Delete NAME: <b>JACKSON, MILTON</b> STREET ADDRESS: <b>275 BEACH RD</b> CITY-ST-ZIP: <b>TEQUESTA FL 33469</b>
TITLE SD	<input type="checkbox"/> Delete NAME: <b>SCHEURMAN, WALTER</b> STREET ADDRESS: <b>275 BEACH RD</b> CITY-ST-ZIP: <b>TEQUESTA FL 33469</b>
TITLE TD	<input type="checkbox"/> Delete NAME: <b>COLE, BILL</b> STREET ADDRESS: <b>275 BEACH RD</b> CITY-ST-ZIP: <b>TEQUESTA FL 33469</b>
TITLE	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME: <b>FANTOZZI, FRANK</b> STREET ADDRESS: <b>275 BEACH ROAD</b> CITY-ST-ZIP: <b>TEQUESTA, FL 33469</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 provided by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with a true and correct copy of all other documents empowered.

SIGNATURE: \_\_\_\_\_      DATE: **4-1-2000**      Daytime Phone # \_\_\_\_\_

CR2E037 (9/99)