

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 29, 2002 8:00 am**  
**Secretary of State**

0037607

03-29-2002 91419 010 \*\*\*\*61.25

**DOCUMENT # 739995**

1. Entity Name

**THE SEAMIST CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

275 BEACH ROAD  
TEQUESTA FL 33469

275 BEACH ROAD  
TEQUESTA FL 33469

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~Stede Inglis~~  
 Bristol Management  
 1930 Commerce Lane Ste. 1  
 Jupiter, FL 33458

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	D	<input checked="" type="checkbox"/> Delete
NAME	FANTOZZI, FRANK	
STREET ADDRESS	275 BEACH ROAD	
CITY-ST-ZIP	TEQUESTA FL 33469	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	ABERSON, JOHN	
STREET ADDRESS	275 BEACH RD.	
CITY-ST-ZIP	TEQUESTA FL 33469	
TITLE	TD SIKORA S.	<input type="checkbox"/> Delete
NAME	SIKORA, MONICA	
STREET ADDRESS	275 BEACH RD	
CITY-ST-ZIP	TEQUESTA FL 33469	
TITLE	D P.	<input type="checkbox"/> Delete
NAME	TICE, RICHARD	
STREET ADDRESS	275 BEACH RD	
CITY-ST-ZIP	TEQUESTA FL 33469	
TITLE	VSD	<input checked="" type="checkbox"/> Delete
NAME	COLE, BILL	
STREET ADDRESS	275 BEACH RD	
CITY-ST-ZIP	TEQUESTA FL 33469	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Spencer John VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	275 Beach Rd.	
STREET ADDRESS	Tequesta, FL 33469	
CITY-ST-ZIP		
TITLE	Gallopo, CHARLES T.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	275 Beach Rd. TREAS	
STREET ADDRESS	TEQUESTA, FL 33469	
CITY-ST-ZIP		
TITLE	PERLOFF PEARL D. DIR.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	275 Beach Rd.	
STREET ADDRESS	TEQUESTA, FL 33469	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 assignee of the corporation 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 asterisk.

SIGNATURE:

*Richard Tice*  
 SIGNATURE AND TYPED NAME OF REGISTERED AGENT OR DIRECTOR

Date

Daytime Phone #

561  
 575-3351

CR2E037 (9/01)