

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 741183

1. Entity Name

SEA PALMS CONDOMINIUM ASSOCIATION, INC.

FILED

Feb 25, 2002 8:00 am
Secretary of State

02-25-2002 90087 019 ****61.25

Principal Place of Business

Mailing Address

3200 N. A1A
FT. PIERCE FL 34949

3200 N. A1A
FT. PIERCE FL 34949

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

59-1870269

Applied For

Not Applicable

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

ROSS, DEBORAH L ESQ.
C/O CORNETT, GOODE, ROSS & EARLE, P.A.
401 EAST OSCEOLA STREET
STUART FL 34994

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 VPD
NAME WILLIAM, MOORE
STREET ADDRESS 3200 N A1A #102
CITY-ST-ZIP FT. PIERCE FL 34949 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE PD
NAME SAVORY, FRANK
STREET ADDRESS 3200 N A1A #1205
CITY-ST-ZIP FT. PIERCE FL 34949 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE T
NAME KEURUS, CLIFFORD
STREET ADDRESS 3200 N A1A #106
CITY-ST-ZIP FT. PIERCE FL 34949 ☒ Delete

TITLE T
NAME Grange, John T.
STREET ADDRESS 3200 N A1A #1110
CITY-ST-ZIP Ft. Pierce, FL 34949 ☐ Change ☒ Addition

TITLE D
NAME SINCERBEAUX, JOHN
STREET ADDRESS 3200 N A1A #209
CITY-ST-ZIP FT PIERCE FL 34949 ☒ Delete

TITLE D
NAME Kimble, William
STREET ADDRESS 3200 N A1A 601
CITY-ST-ZIP Ft. Pierce, FL 34949 ☐ Change ☒ Addition

TITLE S
NAME DORAN, JOHN
STREET ADDRESS 3200 N A1A #903
CITY-ST-ZIP FT PIERCE FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME HOFFER, GEORGE
STREET ADDRESS 3200 N A1A #607
CITY-ST-ZIP FT PIERCE FL 34949 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/02 (S) 461-3100
Date Daytime Phone #

CR2E037 (9/01)