

**2001 UNIFORM BUSINESS REPORT-(UBR)**

**FILED**  
**Apr 09, 2001 8:00 am**  
**Secretary of State**

04-09-2001 90058 047 \*\*\*\*61.25

**DOCUMENT # 748883**

1. Entity Name

**SETON BY THE SEA CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

5340 NORTH ATLANTIC BLVD.  
 COCOA BEACH FL 32931  
 US

5340 NORTH ATLANTIC AVE  
 COCOA BEACH FL 32931  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2167202**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

~~KANE, CHARLES~~  
~~5340 N ATLANTIC AVE~~  
~~COCOA BEACH FL 32931~~

Name **Pete Davis**  
 Street Address (P.O. Box Number is Not Acceptable) **1980 N Atlantic Ave # 701**  
 City **Cocoa Beach** FL Zip Code **32931**

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 *Darlene Standridge - President* DATE **4-4-01**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD STANDRIDGE, DARLENE 8000 RIDGEWOOD AVE #211 CAPE CANAVERAL FL 32920 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAPUTO, CHARLES 35 HAMPTON ROAD LYNBROOK NY 11562 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KENNEDY, GENE 8000 RIDGEWOOD AVE #106 CAPE CANAVERAL FL 32920 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VIVIANO, ROBERT 3 WILLOW LANE HAMPTON NH <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Phyllis Hall <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 8000 Ridgwood Ave # 102 Cape Canaveral FL 32920
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROBERTSON, JAMES 8000 RIDGEWOOD AVE #206 CAPE CANAVERAL FL 32920 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Meta Davis <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 8000 Ridgwood Ave # 104 Cape Can. FL 32920
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD Arlene Atkinson <input type="checkbox"/> Change <input type="checkbox"/> Addition 8000 Ridgwood Ave # 105 Cape Canaveral FL 32920

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: *Darlene Standridge - President* DATE **4-4-01**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/00)