NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED May 13, 2002 8:00 am Secretary of State 05-13-2002 90081 029 ****61.25

DOCUMENT # 1. Entity Name	748883	
Seton B	, the Sea Condo Assoc.	·

DO NOT WRITE	IN THIS SPACE
2. Principal Place of Business SOOD Kidgrwood Ave Suite, Apt. #, etc.	3. Mailing Address 1930 M Atlantic Au Suite, Apt. #, etc.
City & Ctoto	T

	_					
8000	Place of Business Kidgrwood Ave on #, etc.	3. Mailing Address Carrow Apt. #, etc.	antic Ave		O NOT WRITE IN THIS	SPACE
City & St.	Canqueral HL	City & State Lucou Brack		4. FEI Number	167202	Applied For Not Applicable
329	20 Country	32931	Country USA	5. Certificate of Status	s Desired	\$8.75 Additional Fee Required
			Name D	7. Name and Address		Agent
DO NOT WRITE IN THIS SPACE			1480	Street Address (P.O. Box Number is Not Acceptable) 980 V A + 19 v C		
]			City (00	:09 Brace	._ FL	Zip Code
8. The above	e named entity submits this statement for the st		stered office or registe	red agent, or both, in the	state of Florida. 4/24/6 DATE	52431
Initial or Amended UBR Trust Fund Con		9. Election Campaig Trust Fund Contrib	_	\$5.00 May Be Added to Fees	Make Check Departmen	7 1
10.	OFFICERS AND DIRE		TITLE			
NAME STREET ADDRESS CITY-ST-ZIP	Kennedy, Genc 8000 R. dge wood Cape Conquero	Aur # 101 s	NAME STREET ADDRESS CITY-ST-ZIP			- ^
TITLE NAME STREET ADDRESS CITY-ST-ZIP	UPD Bold, Cheryl Sugu Ridgewood - Cape-(unave	■ I	TITLE IAME STREET ADDRESS STY-ST-ZIP	*		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD Atkinson, Ar 8000 Ridsewood Cape Canaver	11	TILE IAME TREET ADDRESS ITY-ST-ZIP	DO N	OT WRIT	re l
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TADDRESS SUDU RILGINOOD AU 107 STR ST-ZIP Case (angue (a) PC 32 920 CID		ITLE AME TREET ADDRESS ITY-ST-ZIP	IN THIS SPACE		
NAME STREET ADDRESS CITY-ST-ZIP	Davis, meta 8000 Ridge un Cape Canque	50d Au " 104 ST (a) F(32920 CII	TLE AME TREET ADDRESS TY-ST-ZIP			
TITLE NAME STREET ADDRESS	,	NA NA	TLE IME			

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 on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP