


2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2003 8:00 am
Secretary of State

04-22-2003 90064 008 ****61.25

DOCUMENT # 748883

1. Entity Name
SETON BY THE SEA CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**8000 RIDGEWOOD AVENUE
CAPE CANAVERAL FL 32920
US**

Mailing Address
**1980 N ATLANTIC AVENUE
701
COCOA BEACH FL 32931
US**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

Country

4. FEI Number **59-2167202**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**DAVIS, PETEY
1980 N ATLANTIC AVE #701
COCOA BEACH FL 32931**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	KENNEDY, GENE	
STREET ADDRESS	8000 RIDGEWOOD AVENUE, #106	
CITY-ST-ZIP	CAPE CANAVERAL FL 32920	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	BOLD, CHERYL	
STREET ADDRESS	8000 RIDGEWOOD AVENUE, #206	
CITY-ST-ZIP	CAPE CANAVERAL FL 32920	
TITLE	STD	<input type="checkbox"/> Delete
NAME	ATKINSON, ARLENE	
STREET ADDRESS	8000 RIDGEWOOD AVENUE, #105	
CITY-ST-ZIP	CAPE CANAVERAL FL 32920	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HARRINTON, JIM	
STREET ADDRESS	8000 RIDGEWOOD AVENUE, #107	
CITY-ST-ZIP	CAPE CANAVERAL FL 32920	
TITLE	D	<input type="checkbox"/> Delete
NAME	DAVIS, META	
STREET ADDRESS	8000 RIDGEWOOD AVENUE, #104	
CITY-ST-ZIP	CAPE CANAVERAL FL 32920	
TITLE		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		
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 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: _____ **REQUIRED**

4/2/03

CR2E037 (10/02)