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

FILED
Apr 28, 2003 8:00 am
Secretary of State
04-28-2003 91837 048 ****61.25

DOCUMENT # 750992

1. Entity Name
SEA ISLES CONDOMINIUM ASSOCIATION OF BONITA BEACH, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
26131 Hickory Blvd.	745 - 12th Avenue South
Suite, Apt. #, etc.	Suite, Apt. #, etc. Suite AA
City & State: Bonita Springs, FL	City & State: Naples, FL
Zip: 34134 Country: USA	Zip: 34102 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-2002316 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Moore Property Management, Inc.

Street Address (P.O. Box Number is Not Acceptable): 745-12th Avenue South, Suite AA

City: Naples FL Zip Code: 34102

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 _____ DATE

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P/D	TITLE	
NAME	Robert Sarff	NAME	
STREET ADDRESS	26131 Hickory Blvd.	STREET ADDRESS	
CITY-ST-ZIP	Bonita Springs, FL 34134	CITY-ST-ZIP	
TITLE	VP/D	TITLE	
NAME	Roy Richter	NAME	
STREET ADDRESS	26171 Hickory Blvd. 2-7B	STREET ADDRESS	
CITY-ST-ZIP	Bonita Springs, FL 34134	CITY-ST-ZIP	
TITLE	VP/D	TITLE	
NAME	John Walker	NAME	
STREET ADDRESS	26131 Hickory Blvd. 1-9A	STREET ADDRESS	
CITY-ST-ZIP	Bonita Springs, FL 34134	CITY-ST-ZIP	**DO NOT WRITE IN THIS SPACE**
TITLE	S/D	TITLE	
NAME	Roger Ford	NAME	
STREET ADDRESS	26131 Hickory Blvd. 1-1D	STREET ADDRESS	
CITY-ST-ZIP	Bonita Springs, FL 34134	CITY-ST-ZIP	
TITLE	T/D	TITLE	
NAME	Pat Bacon	NAME	
STREET ADDRESS	26171 Hickory Blvd. 2-3B	STREET ADDRESS	
CITY-ST-ZIP	Bonita Springs, FL 34134	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E037B (12/02)

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.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #