

**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 26131 Hickory Blvd. Suite, Apt. #, etc.	3. Mailing Address 745 - 12th Avenue South 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

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	
	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	

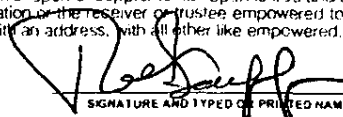
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature of the person or persons who are authorized to execute this report and the business name of the registered agent (if not the same as the business name of the corporation)

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

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

CR2E037B (12/02)