

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 30, 2001 8:00 am**  
**Secretary of State**

04-30-2001 90078 005 \*\*\*\*61.25

0085961

**DOCUMENT # 751871**

1. Entity Name

**SEA TREAT CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

2110 GULF BLVD  
 PO BOX 763  
 INDIAN ROCKS BCH FL 33785  
 US

2110 GULF BLVD  
 PO BOX 763  
 INDIAN ROCKS BCH FL 33785-0763  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-2027109**

Applied For

Not Applicable

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

**MARION L MILLER**  
**155 COE RD**  
**BELLEAIR FL FL 33756**

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

Signature, typed or printed name of registered agent and title if applicable.

(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**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	FERGUSON, THOMAS	
STREET ADDRESS	1810 EAST MAIN ST	
CITY-ST-ZIP	GREENFIELD IN 46140	
TITLE	D	<input type="checkbox"/> Delete
NAME	REAM, BENJAMIN	
STREET ADDRESS	2110 GULF BLVD	
CITY-ST-ZIP	INDIAN ROCKS BEACH FL 33785	
TITLE	D	<input type="checkbox"/> Delete
NAME	EMERSON, WILLIAM	
STREET ADDRESS	12009 JOHNSON DRIVE	
CITY-ST-ZIP	SHAWNEE MISSION KS 66216	
TITLE	D	<input type="checkbox"/> Delete
NAME	TOMBLIN, WILLIAM	
STREET ADDRESS	1400 GULF BLVD	
CITY-ST-ZIP	CLEARWATER FL 33767	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MAGES, ELMER	
STREET ADDRESS	10170 EDELWEISS CIRLCE	
CITY-ST-ZIP	SHAWNEE MISSION KS 66203	
TITLE	ST	<input type="checkbox"/> Delete
NAME	MILLER, MARION	
STREET ADDRESS	155 COE RD	
CITY-ST-ZIP	BELLEAIR FL	

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	
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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:** *Marion L Miller (Marion L. Miller)* *Scty/Pres 4/25/01 (727)443-0326*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)