

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 758888

1. Entity Name

SEA CLUB OF INDIAN SHORES CONDOMINIUM ASSOCIATIO

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90119 003 ****61.25

Principal Place of Business

Mailing Address

19725 GULF BLVD.
 INDIAN SHORES FL 33785
 US

C/O PAREKH. COMMONS & CO CERTIFIED PUBLIC
 ACCOUNTANTS 2700 EAST BAY DRIVE #107
 LARGO FL 33771
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

2700 EAST BAY DRIVE #107
 City & State

Zip

Country

Zip

Country

33771

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2068757

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Jim Triska

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

19725 Gulf Blvd., #10

City

Indian Shores

FL

Zip Code

33785

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	NELSON, CAROLE	
STREET ADDRESS	19725 GULF BLVD #40	
CITY-ST-ZIP	INDIAN SHORES FL 33785	
TITLE	VD	<input type="checkbox"/> Delete
NAME	TRISKA, JAMES	
STREET ADDRESS	19725 GULF BLVD #10	
CITY-ST-ZIP	INDIAN SHORES FL 33785	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WALSH, ELIZABETH	
STREET ADDRESS	19725 GULF BLVD #12	
CITY-ST-ZIP	INDIAN SHORES FL 33785	
TITLE	TD	<input type="checkbox"/> Delete
NAME	JONES, OLIVER	
STREET ADDRESS	19725 GULF BLVD #102	
CITY-ST-ZIP	INDIAN SHORES FL 33785	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SORDI, SANDRO	
STREET ADDRESS	24 DUVAL DR	
CITY-ST-ZIP	TORONTO,ONT,CAN M6L2K-1	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	James Triska - President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	19725 Gulf Blvd. #10	
STREET ADDRESS	Indian Shores, FL 33785	
CITY-ST-ZIP		
TITLE	Dave Vetsasy - Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	19725 Gulf Blvd., #29	
STREET ADDRESS	Indian Shores, FL 33785	
CITY-ST-ZIP		
TITLE	Bill Schurr - Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	32 The Cedars	
STREET ADDRESS	St. Catherines, Ontario CANADA L2M 6M8	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)