2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2000 8:00 am
Secretary of State
03-31-2000 90104 005 ****61.25

DOCUMENT # 760667

1. Entity Name

SEA HAVEN CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
6100 AIA SOUTH ST AUGUSTINE FL 32084	6100 AIA SOUTH ST AUGUSTINE FL 32084

DO NOT WRITE IN THIS SPACE

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 59-2215816 ☐ 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
WARD, SANDI 6100 A1A SOUTH ST AUGUSTINE FL 32084	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.

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	PD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	WARD, SANDI		NAME		
STREET ADDRESS	6100 A1A S		STREET ADDRESS		
CITY-ST-ZIP	ST AUGUSTINE FL		CITY-ST-ZIP		
TITLE	TD	☐ Delete	TITLE		☒ Change ☐ Addition
NAME	TENORE, JACOB		NAME		
STREET ADDRESS	~~6032 ALPINE DRIVE~~ 3532 KINGS RD S		STREET ADDRESS	3532 KINGS RD SOUTH	
CITY-ST-ZIP	~~ANNANDALE VA~~ ST AUGUSTINE, FL 32086		CITY-ST-ZIP	ST AUGUSTINE, FL 32086-5079	
TITLE	VD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	SANTOS, SAMSON		NAME		
STREET ADDRESS	5418 BURDETTE ROAD		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32211		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	MARON, DAVID		NAME		
STREET ADDRESS	11173 BEACH BLVD		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32246		CITY-ST-ZIP		
TITLE	SD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	WEINMAN, DOROTHY		NAME		
STREET ADDRESS	6100 A1A S #114		STREET ADDRESS		
CITY-ST-ZIP	ST. AUGUSTINE FL 32084		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 REQUIRED 1/19/00 9047778735
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #