

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 763738

FILED
Jan 28, 2002 8:00 AM
Secretary of State

Entity Name: SEASIDE I HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

P O BOX 4957
SANTA ROSA BCH., FL 32459

New Principal Place of Business:

Current Mailing Address:

P O BOX 4957
SANTA ROSA BCH., FL 32459

New Mailing Address:

FEI Number: 59-2581325

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

McFARLAND, CONNIE
SEASIDE/ HOLL BLDG
C 30 A
SANTA ROSA BCH, FL 32459

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: NOONAN, BRUCE,
Address: 3810 PLAZA ST
City-St-Zip: COCONUT GROVE, FL 33133

Title: D () Delete
Name: FREEMAN, JIM
Address: 216 GLENARNOCK ROAD
City-St-Zip: TRYON, NC 28782

Title: ST () Delete
Name: HORNE, TIM
Address: 13910 MILLINGTON RD
City-St-Zip: COLUMBUS, GA 31904

Title: V () Delete
Name: WILDER, SUSAN
Address: 1699 SPRINGCREEK RD
City-St-Zip: MONTEVALLO, AL 35115

Title: D () Delete
Name: BRAGA, JOSEPH
Address: 84 TUPELO STREET
City-St-Zip: SEASIDE, FL 32459

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRUCE NOONAN

P

01/28/2002

Electronic Signature of Signing Officer or Director

Date