

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 766676

1. Entity Name

POINT SEASIDE RESIDENTS ASSOCIATION, INC.

FILED

May 28, 2002 8:00 am  
Secretary of State

05-28-2002 90702 036 \*\*\*\*61.25

Principal Place of Business

800 POINT SEASIDE DR  
PO BOX 815  
CRYSTAL BCH. FL 34681  
US

Mailing Address

P.O. BOX 815  
CRYSTAL BCH. FL 34681  
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 59-2381368

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

COX, THOMAS D  
848 POINT SEASIDE DR.  
CRYSTAL BEACH FL 34681

Name Elizabeth J. Fikhar

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

905 Pt Seaside Drive

City Crystal Beach FL Zip Code 34681

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  
NAME FOLKMAN, CARL  
STREET ADDRESS 1027 POINT SEASIDE DR.  
CITY-ST-ZIP CRYSTAL BEACH FL 34681 ☐ Delete

TITLE President  
NAME Carol Fikhar  
STREET ADDRESS 1020 Pt. Seaside Drive  
CITY-ST-ZIP Crystal Beach, FL 34681 ☒ Change ☐ Addition

TITLE SD  
NAME FABIANO, MICHAEL  
STREET ADDRESS 845 POINT SEASIDE DR.  
CITY-ST-ZIP CRYSTAL BEACH FL 34681 ☐ Delete

TITLE Vice President  
NAME Marc Berger  
STREET ADDRESS Point Seaside Drive  
CITY-ST-ZIP Crystal Beach, FL 34681 ☒ Change ☐ Addition

TITLE TD  
NAME COX, THOMAS  
STREET ADDRESS 848 POINT SEASIDE DR.  
CITY-ST-ZIP CRYSTAL BEACH FL 34681 ☐ Delete

TITLE Secretary  
NAME Jill Weber  
STREET ADDRESS 905 Pt. Seaside Drive  
CITY-ST-ZIP Crystal Beach, FL ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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

5/1/02 727-772-1699

Date

Daytime Phone #

CR2E037 (9/01)