

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90296 039 ****61.25

DOCUMENT # 766676

1. Entity Name

POINT SEASIDE RESIDENTS ASSOCIATION, INC.



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

**IFTIKHAR ELIZABETH
965 PT SEASIDE DR
CRYSTAL BEACH FL 34681**

Name

CARL FOLKMAN

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

1027 PT SEASIDE DR

City

Crystal Bch

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

CARL FOLKMAN - Secretary *Carl Folkman* **4/21/03**

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	PAPPAS, CAROL	
STREET ADDRESS	1026 POINT SEASIDE DR	
CITY-ST-ZIP	CRYSTAL BEACH FL 34681	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	BERGER, MARC	
STREET ADDRESS	POINT SEASIDE DR	
CITY-ST-ZIP	CRYSTAL BEACH FL 34681	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	WEBER, JILL	
STREET ADDRESS	966 POINT SEASIDE DR	
CITY-ST-ZIP	CRYSTAL BEACH FL 34681	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MELKER, DANIEL	
STREET ADDRESS	896 POINT SEASIDE DR	
CITY-ST-ZIP	CRYSTAL BEACH, FL 34681	
TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PAPPAS, CAROL	
STREET ADDRESS	1026 POINT SEASIDE DR	
CITY-ST-ZIP	CRYSTAL BEACH FL 34681	
TITLE	TREASURER / SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARL FOLKMAN	
STREET ADDRESS	1027 PT SEASIDE DR	
CITY-ST-ZIP	CRYSTAL Bch, FL 34681	
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		
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 FOLKMAN *Carl Folkman*

CR2E037 (10/02)