2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 16, 2001 8:00 am
Secretary of State
03-16-2001 90070 044 ****61.25

DOCUMENT # 769548

1. Entity Name

SEASIDE OF VILANO CONDOMINIUM ASSN., INC.

Principal Place of Business	Mailing Address
3400 E. US 1 SOUTH ST. AUGUSTINE FL 32086	3400 E. US 1 SOUTH ST. AUGUSTINE FL 32086

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.: ~~3385 Coastal Highway~~	Suite, Apt. #, etc.: 247-F San Marco Ave.
City & State: ~~St. Augustine, FL~~	City & State: ~~St. Augustine~~ FL
Zip: ~~32084~~ Country	Zip: 32084 Country

4. FEI Number 59-2337279 ☐ 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
WHITLEY, MARIA 3400 E. US 1 SOUTH ST. AUGUSTINE FL 32086	Name Street Address (P.O. Box Number is Not Acceptable): 247-F San Marco Avenue City: St. Augustine FL Zip Code: 32084

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D/P MANGUM, MARGARET 3385 COASTAL HWY. #3 ST. AUGUSTINE FL ~~32095~~ 32084	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Sims, Diane 3385 Coastal Hwy 9 St. Auqustine, FL 32084 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FISHER, MYRA 3385 COASTAL HWY. #23 ST. AUGUSTINE FL ~~32095~~ 32084	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/S BLOM, MADYLN 3385 COASTAL HWY, #15 ST. AUGUSTINE FL ~~32095~~ 32084	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/T Marti Wright 3385 Coastal Hwy #25 St. Augustine, FL 32084 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/T WOLF, HARVEY 3385 COASTAL HWY, #1 ST AUGUSTINE FL 32095	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DONLAN, JOHN 3385 COASTAL HWY., #10 ST AUGUSTINE FL 32095	☒ 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

CR2E037 (10/00)

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: Marti Wright REQUIRED ~~Marti Wright~~ 3/13/01 904 797-4166
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #