

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 13, 2002 8:00 am
Secretary of State

02-13-2002 90119 017 ****61.25

DOCUMENT # 769548

1. Entity Name

SEASIDE OF VILANO CONDOMINIUM ASSN., INC.

Principal Place of Business

Mailing Address

3385 COASTAL HIGHWAY
SAINT AUGUSTINE FL 32084

247-F SAN MARCO AVE
SAINT AUGUSTINE FL 32084

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

59-2337279

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
247-F SAN MARCO AVE
SAINT AUGUSTINE FL 32084

Name MARIA BURK

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

247-F SAN MARCO AVENUE
ST. AUGUSTINE, FL 32084

City

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

Maria Burk

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/22/02

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 D ☐ Delete
NAME SIMS, DIANE
STREET ADDRESS 3385 COASTAL HWY #9
CITY-ST-ZIP SAINT AUGUSTINE FL 32084

TITLE P/D ☐ Change ☒ Addition
NAME TOM FISHER
STREET ADDRESS 3385 COASTAL HWY #23
CITY-ST-ZIP ST. AUGUSTINE, FL 32084

TITLE D ☒ Delete
NAME FISHER, MYRA
STREET ADDRESS 3385 COASTAL HWY. #23
CITY-ST-ZIP SAINT AUGUSTINE FL 32084

TITLE D/S ☐ Change ☒ Addition
NAME BRENDA BRITT
STREET ADDRESS 3385 COASTAL HWY #8
CITY-ST-ZIP ST. AUGUSTINE, FL 32084

TITLE D/S ☒ Delete
NAME BLOM, MADYLN
STREET ADDRESS 3385 COASTAL HWY, #15
CITY-ST-ZIP SAINT AUGUSTINE FL 32084

TITLE D ☐ Change ☒ Addition
NAME RAY WATSON
STREET ADDRESS 3385 COASTAL HWY #17
CITY-ST-ZIP ST. AUGUSTINE, FL 32084

TITLE DT ☐ Delete
NAME WRIGHT, MARTI
STREET ADDRESS 3385 COASTAL HWY #25
CITY-ST-ZIP SAINT AUGUSTINE FL 32084

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Marti Wright
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(904) 823-1985

CR2E037 (9/01)