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

FILED
Jan 23, 2003 8:00 am
Secretary of State
01-23-2003 90093 010 ****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

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	P.O. Box 4306 Suite, Apt. #, etc.
City & State	City & State: St. Augustine, FL
Zip / Country	Zip: 32085 / 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

MARIA, BURK
247-F SAN MARCO AVE
SAINT AUGUSTINE FL 32084

7. Name and Address of New Registered Agent

Name: Phillip Cole
Street Address (P.O. Box Number is Not Acceptable): 3385 Coastal Hwy #2
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Phillip Cole — Phillip Cole — 1/15/03
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D SIMS, DIANE 3385 COASTAL HWY #9 SAINT AUGUSTINE FL 32084	☒ Delete	PD WATSON, RAY 3385 COASTAL HWY # 17 SAINT AUGUSTINE, FL 32084	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RAY, WATSON 3385 COASTAL HWY #17 SAINT AUGUSTINE FL 32084	☒ Delete	D MANGUM, MARGARET 3385 COASTAL HWY. #3 SAINT AUGUSTINE, FL 32084	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT WRIGHT, MARTI 3385 COASTAL HWY #25 SAINT AUGUSTINE FL 32084	☒ Delete	TD FISHER, TOM 3385 COASTAL HWY # 23 SAINT AUGUSTINE, FL 32084	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD TOM, FISHER 3385 COASTAL HWY #23 SAINT AUGUSTINE FL 32084	☒ Delete	D HOLMAN, LOUIS 3385 COASTAL HIGHWAY #20 ST. AUGUSTINE, FL 32084	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS BRENDA, BRITT 3385 COASTAL HWY #8 SAINT AUGUSTINE FL 32084	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E037 (10/02)

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: Thomas Fisher — THOMAS FISHER — 1/15/03 — (904) 823-9242
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number