

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01310

1. Entity Name

SEA MIST VILLAS CONDOMINIUM ASSOCIATION, INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90791 030 ****61.25

Principal Place of Business

Mailing Address

C/O OCEAN PROPERTIES
3506 S. ATLANTIC AVE.
NEW SMYRNA BCH FL 32169
US

C/O OCEAN PROPERTIES
3506 S. ATLANTIC AVE.
NEW SMYRNA BCH FL 32169-3628
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

59-2445519

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

ROE, WILLIAM E
C/O OCEAN PROPERTIES
3506 S. ATLANTIC AVE.
NEW SMYRNA BCH FL 32169

Name

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

City

FL

Zip Code

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 SD ☐ Delete
NAME SCHWARTZ, STANLEY
STREET ADDRESS 4249 SEA MIST DRIVE
CITY-ST-ZIP NEW SMYRNA BEACH FL

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

TITLE PD ☐ Delete
NAME PAT GILCHRIST
STREET ADDRESS 4261 SEA MIST DRIVE
CITY-ST-ZIP NEW SMYRNA BEACH FL

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

TITLE TD ☐ Delete
NAME DELNICK, DONALD
STREET ADDRESS 4289 SEA MIST DRIVE
CITY-ST-ZIP NEW SMYRNA BCH FL 32169

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

TITLE VD ☐ Delete
NAME SINSABAUGH, MARIE
STREET ADDRESS 4241 SEA MIST DRIVE
CITY-ST-ZIP NEW SMYRNA BCH. FL

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

TITLE D ☐ Delete
NAME LIES, MARTIN
STREET ADDRESS 4320 SEA MIST DR
CITY-ST-ZIP NEW SMYRNA BCH FL 32169

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 another like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)