

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 10, 2002 8:00 am**  
**Secretary of State**

04-10-2002 90482 012 \*\*\*\*61.25

**DOCUMENT # N01310**

1. Entity Name

**SEA MIST VILLAS CONDOMINIUM ASSOCIATION, INC.**

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  
 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                        | <input checked="" type="checkbox"/> Delete |
| NAME           | SCHWARTZ, STANLEY         |                                            |
| STREET ADDRESS | 4249 SEA MIST DRIVE       |                                            |
| CITY-ST-ZIP    | NEW SMYRNA BEACH FL       |                                            |
| TITLE          | PD                        | <input checked="" type="checkbox"/> Delete |
| NAME           | PAT GILCHRIST             |                                            |
| STREET ADDRESS | 4261 SEA MIST DRIVE       |                                            |
| CITY-ST-ZIP    | NEW SMYRNA BEACH FL       |                                            |
| TITLE          | TD                        | <input type="checkbox"/> Delete            |
| NAME           | DELNICK, DONALD           |                                            |
| STREET ADDRESS | 4289 SEA MIST DRIVE       |                                            |
| CITY-ST-ZIP    | NEW SMYRNA BCH FL 32169   |                                            |
| TITLE          | VD                        | <input checked="" type="checkbox"/> Delete |
| NAME           | GEMUENO, HARRY            |                                            |
| STREET ADDRESS | 4233 SEA MIST DRIVE       |                                            |
| CITY-ST-ZIP    | NEW SMYRNA BEACH FL 32169 |                                            |
| TITLE          | D                         | <input checked="" type="checkbox"/> Delete |
| NAME           | LIES, MARTIN              |                                            |
| STREET ADDRESS | 4320 SEA MIST DR          |                                            |
| CITY-ST-ZIP    | NEW SMYRNA BCH FL 32169   |                                            |
| TITLE          |                           | <input type="checkbox"/> Delete            |
| NAME           |                           |                                            |
| STREET ADDRESS |                           |                                            |
| CITY-ST-ZIP    |                           |                                            |

|                |                            |                                                                              |
|----------------|----------------------------|------------------------------------------------------------------------------|
| TITLE          | President                  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | Stanley Schwartz           |                                                                              |
| STREET ADDRESS | 4249 Sea Mist Dr.          |                                                                              |
| CITY-ST-ZIP    | New Smyrna Beach, FL 32169 |                                                                              |
| TITLE          | V. President/Secretary     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | Martin Lies                |                                                                              |
| STREET ADDRESS | 4320 Sea Mist Dr.          |                                                                              |
| CITY-ST-ZIP    | New Smyrna Beach, FL 32169 |                                                                              |
| TITLE          | Director                   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | Harry Gemuend              |                                                                              |
| STREET ADDRESS | 4233 Sea Mist Dr.          |                                                                              |
| CITY-ST-ZIP    | New Smyrna Beach, FL 32169 |                                                                              |
| TITLE          | Director                   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Edgar Reed                 |                                                                              |
| STREET ADDRESS | 4249 Sea Mist Dr.          |                                                                              |
| CITY-ST-ZIP    | New Smyrna Beach, FL 32169 |                                                                              |
| 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:

*Stanley Schwartz* 3/28/02

386-428-1406

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)

0001852