

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N09715

1. Entity Name

THE VILLAGES OF SEAPORT CONDOMINIUM ASSOCIATION,

Principal Place of Business

VILLAGE OF SEAPORT
SEAPORT

Mailing Address

8850 NORTH ATLANTIC AVENUE
CAPE CANAVERAL FL 32920-3406
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

59-2761372

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BECKER & POLIAKOFF, P.A.
% C JOHN CHRISTENSEN, ESQ
500 WINDERLEY PL #104
MAITLAND FL 32751

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 reinstalling)

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 VPD ☒ Delete
NAME MCHUGH, THOMAS
STREET ADDRESS 121 SEAPORT BLVD
CITY-ST-ZIP CAPE CANAVERAL FL

TITLE VPD ☐ Change ☒ Addition
NAME CREGG, ROBERT
STREET ADDRESS 114 BEACH PARK LANE
CITY-ST-ZIP CAPE CANAVERAL, FL 32920

TITLE PD ☐ Delete
NAME SAYWERS, MEL
STREET ADDRESS 230 NORTH SEAPORT
CITY-ST-ZIP CAPE CANAVERAL FL

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

TITLE STD ☐ Delete
NAME SPARKS, ANNETTE
STREET ADDRESS 132 BCH PARK LANE
CITY-ST-ZIP CAPE CANAVERAL FL 32920

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
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TITLE ☐ Change ☐ Addition
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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:

MELIA SPARKS REQUIRED *Mafyans* 1-21-00 (321) 784-6400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)