

2000 UNIFORM BUSINESS REPORT (UBR)

3/4/00-90113-048-\$61.25-\$61.25

DOCUMENT # N15305

1. Entity Name

THE GOLF & SEA CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

809 GOLF & SEA BLVD. UNIT ~~B~~ A3
APOLLO BEACH FL 33572

Mailing Address

809 GOLF AND SEA BLVD. UNIT ~~B~~ A3
~~STE B-4~~
APOLLO BCH FL 33572-2779
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

59-2798784

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

~~SHINDORF, RONNIE F~~ Shindorf, Ronnie F
809 GOLF AND SEA BLVD
B3
APOLLO BEACH FL 33572

Name

Jean McManis

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

809 Golf & Sea Blvd A-3

City

Apollo Beach

FL

Zip Code

33572

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

Jean McManis

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

(NOTE: Registered Agent signature required when reinstating)

2/25/00

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 NAME STREET ADDRESS CITY-ST-ZIP	PDT KIPP, DIANA M 809 GOLF AND SEA BLVD A4 APOLLO BEACH FL 33572	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPS SHINDORF, RONNIE F 809 GOLF AND SEA BLVD B3 APOLLO BCH FL 33572	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSEC SCHMIDT, RONALD 809 GOLF SEA BLVD A-2 APOLLO BEACH FL 33572	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Jean McManis, Pres. 809 Golf & Sea Blvd - A3 Apollo Beach FL 33572	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Kris McManis, V.P. 809 Golf & Sea Blvd - A3 Apollo Beach, FL 33572	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Michele C Greco, S/T 809 Golf & Sea Blvd - A3 Apollo Beach FL 33572	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Jean McManis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/25/0 813-645-3687

Date

Daytime Phone #

CR2E037 (9/99)