

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

FILED
Jan 10, 2003 8:00 am
Secretary of State

01-10-2003 90091 014 ****61.25

DOCUMENT # N15305

1. Entity Name
THE GOLF & SEA CONDOMINIUM ASSOCIATION, INC.



10002037



CHECK HERE IF MAKING CHANGES

Principal Place of Business
**809 GOLF & SEA BLVD., UNIT A-3
APOLLO BEACH FL 33572**

Mailing Address
**809 GOLF & SEA BLVD., UNIT A-3
APOLLO BEACH FL 33572**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
**809 GOLF & SEA BLVD
UNIT B-3
APOLLO BEACH FL
33572**

Suite, Apt. #, etc.
City & State
Zip

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
**MCMANIS, JEAN
809 GOLF & SEA BLVD., UNIT A-3
APOLLO BEACH FL 33572**

7. Name and Address of New Registered Agent
Name **RON SHINDORF**
Street Address (P.O. Box Number is Not Acceptable)
**809 GOLF & SEA BLVD - UNIT B-3
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **RON SHINDORF, PRESIDENT** *[Signature]* DATE **1/7/03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCMANIS, JEAN 809 GOLF & SEA BLVD., UNIT A-3 APOLLO BEACH FL 33572 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MCFOLLING, RAY 1018 SYMPHONY ISLES BLVD APOLLO BEACH FL 33572 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD WHITELAM, LILIAN 809 GOLF & SEA BLVD., UNIT B-3 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RON SHINDORF 809 GOLF & SEA BLVD - B-3 APOLLO BEACH, FL 33572 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	KAREN KEARNEY 809 GOLF & SEA BLVD - A-4 APOLLO BEACH, FL 33572 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ROBERT RULAND 809 GOLF & SEA BLVD - B-4 APOLLO BEACH, FL 33572 <input checked="" 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
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: *[Signature]* **ROBERT RULAND, SECRETARY** DATE **1/8/03** **813**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)