

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90088 033 ****61.25

DOCUMENT # N19463

1. Entity Name

SEAWATCH OF BOCA GRANDE HOMEOWNERS ASSOCIATION,

Principal Place of Business

Mailing Address

PO BOX 36
 BOCA GRANDE FL 33921
 US

P O BOX 36
 BOCA GRANDE FL 33921-0036
 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

65-0055190

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

KINNEY, DANA C
 410 PARK AVENUE
 2ND LEVEL-THE DEPOT
 BOCA GRANDE FL 33921

Name **Ross Thompson**

Street Address (P.O. Box Number is Not Acceptable)
16350 GULF SHORES DR

City **Boca Grande**

FL

Zip Code **33921**

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 **D** ☐ Delete
 NAME **CASTRUCCI, GEORGE**
 STREET ADDRESS **8355 OLD STABLE RD**
 CITY-ST-ZIP **CINCINNATI OH**

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

TITLE **P** ☐ Delete
 NAME **KNUTSON, MYRIAM**
 STREET ADDRESS **90 JEFFERSON SCHOOL RD**
 CITY-ST-ZIP **LIGONIER PA 15658**

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

TITLE **VP** ☐ Delete
 NAME **SCHELDE, HOWARD**
 STREET ADDRESS **11642 NORTH BLUFF ROAD**
 CITY-ST-ZIP **TRACERSE CITY MI 49686**

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

TITLE **ST** ☐ Delete
 NAME **THOMPSON, ROSS**
 STREET ADDRESS **P.O. BOX 1975**
 CITY-ST-ZIP **BOCA GRANDE FL 33921**

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

TITLE **D** ☐ Delete
 NAME **MUNSELL, WILLIAM**
 STREET ADDRESS **3155 PINNEY WOODS COURT S.E.**
 CITY-ST-ZIP **CEDAR RAPIDS IA**

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

TITLE **D** ☐ Delete
 NAME **BARR, CHARLES**
 STREET ADDRESS **7385 SE LAKESHORE DR**
 CITY-ST-ZIP **WHITEWATER WI 53190**

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:

Signature Required
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/00 941 968-1702

Date

Daytime Phone #

CR2E037 (9/99)