

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 16, 2001 8:00 am**  
**Secretary of State**

03-16-2001 90052 033 \*\*\*\*61.25

0007384

**DOCUMENT # N21972**

1. Entity Name

**SEA PLACE II HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**%MAY MANAGEMENT SERVICES, INC.**  
~~4320 AIA SOUTH SUITE 2~~ **3455 AIA South**  
~~ST. AUGUSTINE FL 32084~~ **32080**  
**US**

**%MAY MANAGEMENT SERVICES, INC.**  
~~4320 AIA SOUTH SUITE 2~~ **P.O. Box 1509**  
~~ST. AUGUSTINE FL 32084~~ **32085**  
**US**

7 0 6 4 0 1



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2905580**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**MAY MANAGEMENT SERVICES, INC.**  
~~4320 AIA SOUTH SUITE 2~~ **3455 AIA South**  
~~ST. AUGUSTINE FL 32084~~ **32080**

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PDD**  
**HICKS, EVELYN** ☐ Delete  
**1714 SEA FAIR DR.**  
**ST. AUGUSTINE FL 32084**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Treasurer** ☒ Change ☐ Addition  
**Hicks, Evelyn**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D**  
**ROUGE, FRED** ☐ Delete  
**1708 SEA FAIR DR.**  
**ST. AUGUSTINE FL 32084**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**President** ☒ Change ☐ Addition  
**Rouge, Fred**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TD**  
**WYZAN, MAJORIE** ☐ Delete  
**1706 SEA FAIR**  
**ST. AUGUSTINE FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Secretary** ☒ Change ☐ Addition  
**Wyzan, Majorie**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VPD**  
**IDDINGS, RONALD** ☐ Delete  
**1713 SEA FAIR DR**  
**ST. AUGUSTINE FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Director** ☒ Change ☐ Addition  
**Iddings, Ronald**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D**  
**DEMARS, LARRY** ☐ Delete  
**1704 SEA FAIR DR.**  
**ST. AUGUSTINE FL 32084**

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SD**  
**SMITH, ERIC** ☐ Delete  
**1712 SEA FAIR DR**  
**SAINT AUGUSTINE FL 32084**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Vice President** ☒ Change ☐ Addition  
**Smith, Eric**

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

*Evelyn P. Hicks* 3-14-01

Date

Daytime Phone #

CR2E037 (10/00)