

2000 UNIFORM BUSINESS REPORT (UBR)

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

05-24-2000 90001 028 ****61.25

DOCUMENT # N34636

1. Entity Name

SEABROOKE HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

3438 EAST LAKE RD.
 #22
 PALM HARBOR FL 34685
 US

Mailing Address

3438 EAST LAKE RD.
 #22
 PALM HARBOR FL 34685-2413
 US

2. Principal Place of Business

3440 EAST LAKE RD

3. Mailing Address

3440 EAST LAKE RD

Suite, Apt. #, etc.

SUITE 106

Suite, Apt. #, etc.

SUITE 106

City & State

PALM HARBOR FL

City & State

PALM HARBOR FL

Zip

Country

Zip

Country

4. FEI Number

59-2981210

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

NOLAN, JAMES M
 3438 EAST LAKE RD.
 #22
 PALM HARBOR FL 34685

7. Name and Address of New Registered Agent

Name
JAMES M NOLAN
 Street Address (P.O. Box Number is Not Acceptable)
 3440 EAST LAKE RD
 SUITE 106
 City
 PALM HARBOR FL **FL** Zip Code
 34685

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	ESTRADA, MIKE	
STREET ADDRESS	1973 PROMENADE WAY	
CITY-ST-ZIP	CLEARWATER FL 33760	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HAAS, LEE	
STREET ADDRESS	3160 SHORELINE DR	
CITY-ST-ZIP	CLEARWATER FL 33760	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HICKMAN, DAVE	
STREET ADDRESS	3186 SHORELINE DR	
CITY-ST-ZIP	CLEARWATER FL 33760	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	WOOLLEY, BARBARA	
STREET ADDRESS	1949 NORTHFORK	
CITY-ST-ZIP	CLEARWATER FL 33760	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ROYER, BOB	
STREET ADDRESS	3052 OVERLOOK PLACE	
CITY-ST-ZIP	CLEARWATER FL 33760	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ESTRADA, MIKE	
STREET ADDRESS	1973 PROMENADE WAY	
CITY-ST-ZIP	CLEARWATER FL 33760	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAAS, LEE	
STREET ADDRESS	3160 SHORELINE DR	
CITY-ST-ZIP	CLEARWATER FL 33760	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HICKMAN, DAVE	
STREET ADDRESS	3186 SHORELINE DR	
CITY-ST-ZIP	CLEARWATER FL 33760	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/00

Date

727-785-8887

Daytime Phone #

CR2E037 (9/99)