

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

04-22-2002 90211 017 ****61.25

DOCUMENT # N34636

1. Entity Name

SEABROOKE HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**3440 EAST LAKE RD
 STE 106
 PALM HARBOR FL 34685
 US**

**3440 EAST LAKE RD
 STE 106
 PALM HARBOR FL 34685
 US**

30057

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2981210

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

**NOLAN, JAMES M
 3440 EAST LAKE RD.
 #106
 PALM HARBOR FL 34685**

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 **TD** Delete
 NAME **ESTRADA, MIKE**
 STREET ADDRESS **1973 PROMENADE WAY**
 CITY-ST-ZIP **CLEARWATER FL 33760**

TITLE **President** Change Addition
 NAME **Paul Bryant**
 STREET ADDRESS **1992 Promenade Way**
 CITY-ST-ZIP **Clearwater, Florida 33760**

TITLE **SD** Delete
 NAME **HAAS, LEE**
 STREET ADDRESS **3160 SHORELINE DR**
 CITY-ST-ZIP **CLEARWATER FL 33760**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DP** Delete
 NAME **SEXTON, MIKE**
 STREET ADDRESS **3147 SHORELINE DR**
 CITY-ST-ZIP **CLEARWATER FL 33760**

TITLE **Director** Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Change Addition
 NAME **Carrie Wadlinger**
 STREET ADDRESS **3084 Branch Drive**
 CITY-ST-ZIP **Clearwater, Florida 33760**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Change Addition
 NAME **Beth Warren**
 STREET ADDRESS **3066 Branch Drive**
 CITY-ST-ZIP **Clearwater, Florida 33760**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 information.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-3-02

CR2E037 (9/01)