

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

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 90493 031 \*\*\*\*61.25

**DOCUMENT # N34636**

1. Entity Name  
**SEABROOKE HOMEOWNERS' ASSOCIATION, INC.**



Principal Place of Business  
**4174 Woodlands Parkway**  
**PALM HARBOR FL 34685**  
**US**

Mailing Address  
**4174 Woodlands Parkway**  
**PALM HARBOR FL 34685**  
**US**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>59-2981210</b>		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
Zip	Country	Zip	Country				

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

<b>NOLAN, JAMES M</b>  <b>4174 Woodlands Parkway</b> <b>PALM HARBOR FL 34685</b>		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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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 \_\_\_\_\_ (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 Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>ESTRADA, MIKE</b> <b>1973 PROMENADE WAY</b> <b>CLEARWATER FL 33760</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>HAAS, LEE</b> <b>3160 SHORELINE DR</b> <b>CLEARWATER FL 33760</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Culbertson, CA</b> <b>1982 Promenade Way</b> <b>Clearwater, FL 33760</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SEXTON, MIKE</b> <b>3147 SHORELINE DR</b> <b>CLEARWATER FL 33760</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>BRYANT, PAUL</b> <b>1992 PROMENADE WAY</b> <b>CLEARWATER FL 33760</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WADLINGER, CARRIE</b> <b>3084 BRANCH DRIVE</b> <b>CLEARWATER FL 33760</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Sullivan, Jack</b> <b>1910 Northfork Circle</b> <b>Clearwater, FL 33760</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WARREN, BETH</b> <b>3066 BRANCH DRIVE</b> <b>CLEARWATER FL 33760</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Verderico, Richard</b> <b>Branch Drive</b> <b>Clearwater, Florida 33760</b>

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: *SICILIA ESTRADA* **SICILIA ESTRADA** 4/16/03 (727) 538-2173

CR2E037 (10/02)