2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 06, 2001 8:00 am
Secretary of State
06-20-2001 90005 027 ****61.25

DOCUMENT # N45073

1. Entity Name

SEAFOAM OWNER'S ASSOCIATION, INC.

Principal Place of Business	Mailing Address
812-814 FLEMING ST. KEY WEST FL 33040	812-814 FLEMING ST. KEY WEST FL 33040

DO NOT WRITE IN THIS SPACE

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 65-0282333 ☐ 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
~~MACMINN, LINDA~~ NANCY KLINGENER ~~812 FLEMING STREET #1~~ 411 GRINNELL ST ~~KEY WEST FL 33040~~ KEY WEST FL 33040	Name: NANCY KLINGENER Street Address (P.O. Box Number is Not Acceptable): 411 GRINNELL City: KEY WEST FL Zip Code: 33040

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: NANCY KLINGENER SD (SEE SIGNATURE BELOW) 6/30/01
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	SD KLINGENER, NANCY ~~812 FLEMING ST #7~~ KEY WEST FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 411 GRINNELL ST 33040
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD MACMINN, LINDA 812 FLEMING ST #1 KEY WEST FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD LI, LORETTA 812 FLEMING ST #4 KEY WEST FL 33040	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ROBERT VIERS PD ☒ Change ☐ Addition 812 FLEMING ST KEY WEST FL 33040
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	JOHN LESLIE D ☐ Change ☒ Addition PO BOX 87 SUGARLOAF KEY FL 33044
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (10/00)

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: Nancy J Klingener 3/5/01 305-294-8690
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #