

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 01, 2001 8:00 am
Secretary of State

06-29-2001 90004 049 ****61.25

DOCUMENT # N93000000583

1. Entity Name
SEA VILLAS IV CONDOMINIUM ASSOCIATION OF NEW SMY

Principal Place of Business
**2205 HILL STREET
 NEW SMYRNA BEACH FL 32169
 US**

Mailing Address
**6925 LAKE ELLENOR DRIVE
 STE. 400
 ORLANDO FL 32809**

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
**12179 S. Apopka Vineland Rd.
 #607**

City & State
Orlando, FL

Zip
32836

Country
USA

4. FEI Number **59-3168788**

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
**KOSMAS, JAMES M
 111 LIVE OAK STREET
 NEW SMYRNA BEACH FL 32169**

7. Name and Address of New Registered Agent
 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 _____ (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 NAME STREET ADDRESS CITY-ST-ZIP	VD KENNOVIN, COLIN M 3208 HILL STREET NEW SMYRNA BEACH FL 32169	Delete <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DUFFY, TRUDY 3208 HILL STREET NEW SMYRNA BEACH FL 32169	Delete <input checked="" type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MITCHELL, BILL 321 OAK LEAF CIRCLE LAKE MARY FL 32746	Delete <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete <input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Colin Kennovin 611 S. Atlantic Avenue New Smyrna Beach, FL 32169	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Trudy Duffy 611 S. Atlantic Avenue New Smyrna Beach, FL 32169	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change <input type="checkbox"/> Addition <input type="checkbox"/>

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]* Date 6/19/01 Daytime Phone # _____

CR2E037 (10/00)