

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000000583

1. Entity Name

SEA VILLAS IV CONDOMINIUM ASSOCIATION OF NEW SMYRNA BEACH, INC.

Principal Place of Business

2205 HILL STREET
NEW SMYRNA BEACH FL 32169
US

Mailing Address

12179 S APOKA VINELAND RD
STE. 607
ORLANDO FL 32836
US

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

59-3168788

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

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

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 PD ☒ Delete
NAME KENOVIN, COLIN M
STREET ADDRESS 611 S ATLANTIC AVENUE
CITY-ST-ZIP NEW SMYRNA BEACH FL 32169

TITLE PD ☒ Change ☐ Addition
NAME Bill Mitchell
STREET ADDRESS 321 Oakleaf Circle
CITY-ST-ZIP Lake Mary, FL 32746

TITLE VD ☒ Delete
NAME DUFFY, TRUDY
STREET ADDRESS 611 S ATLANTIC AVENUE
CITY-ST-ZIP NEW SMYRNA BEACH FL 32169

TITLE STD ☐ Change ☒ Addition
NAME Loraine Croshaw
STREET ADDRESS 1056 Utica Lane
CITY-ST-ZIP Angels Camp, CA 95222

TITLE STD ☐ Delete
NAME MITCHELL, BILL
STREET ADDRESS 321 OAK LEAF CIRCLE
CITY-ST-ZIP LAKE MARY FL 32746

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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TITLE ☐ Delete
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TITLE ☐ Delete
NAME
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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 empowered.

SIGNATURE:

Bill Mitchell

3-5-01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)



DO NOT WRITE IN THIS SPACE