

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

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-14-2003 90223 049 ****61.25

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 APOPKA VINELAND RD STE. 607 ORLANDO FL 32836 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-3168788	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75. Additional Fee Required	
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 <u>CT CORPORATION</u> Street Address (P.O. Box Number is Not Acceptable) <u>1200 PINE ISLAND ROAD</u> City <u>PLANTATION</u> FL <u>33324</u>	
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. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE <small>Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 50%; text-align: right;"> James A. Bordonaro Assistant Secretary <small>DATE</small> </div> </div>					
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS					
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	
	PD MITCHELL, BILL	321 OAKLEAF CIRCLE	LAKE MARY FL 32746		
	STD CROSHAW, LORAIN	1058 UTICA LANE	ANGELS CAMP CA 95222	<input type="checkbox"/> Delete	
	STD MITCHELL, BILL	321 OAK LEAF CIRCLE	LAKE MARY FL 32746	<input checked="" type="checkbox"/> Delete	
				<input type="checkbox"/> Delete	
				<input type="checkbox"/> Delete	
				<input type="checkbox"/> Delete	
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	VP/D WILLIAM VEACH	6654 EAST STATE ROAD 218	CAMDEN, IN 46917	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 it 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: <u>WILLIAM VEACH</u> 2-24-03 574-859-4173 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

CR2E037 (10/02)