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

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

DOCUMENT # N9300000583 1. Entity Name SEA VILLAS IV CONDOMINIUM ASSOCIATION OF NEW SMY						04-14-2003 9	90223 049 ****	61.25	
RNA BEA		CIATION OF NEW SMY							
Principal Pla	ce of Business	Mailing Address			• :				
2205 HILL STI NEW SMYRNA	reet A Beach Fl. 32169	12179 \$ APOPKA VINELAND STE. 607	RD	•	•				
us		ORLANDO FL 32836	•		i idanimi sia ii	1142 (11)1 48111 88111 88	 	Elga 1111 2001	
2. Principal f	Place of Business	US 3. Mailing Address			, 11 51/14 1 11 1				
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				CHECK HERE IF	MAKING CHANGES	•	
City & State		City & State		No		pplied For ot Applicable			
Zip	Country 6. Name and Address of Current	Zip	Country	پنو سپت	⊊5.⊓Certificate of St		Fee Hequire	ditional rd]
 	7. Name and Address of New Registered Agent Name						4		
KOSMAS, JAMES M				ddress (5	CORPO P.O. Box Number is N O INE	RATTONI Not Acceptable)	// 0	7	4
111 LIVE OAK STREET NEW SMYRNA BEACH FL 32169			5.13017	120	O-PINE	ISIAN	d KOAC	1	}
	-		City	PlA	VHA HION	1	FL Zp Cod	say	1
8. The above	e named entity submits this statement for utions of registered agent.	or the purpose of changing its re	gistered office of	registere	ed agent, or both, in	the State of Florida	a. I am Iamiliar with,	and accept	7
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	Stonebre, type for printed name of registered agent	and tale if applicable. (NOTE: R	legistered Agent signatu	na uadnikeo	when reinstating)		DATE		 -{
	FixE NOW: FEE IS \$61.25	9. Election Camp Trust Fund Cor	aign Financing		\$5.00 May Be Added to Fees		Check Payable Department of S		
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12. I hereby certify that the information supplied with this filling 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 it changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED MANE OF SIGNAND OFFICER OR DESCRIPTION

2-24-03

574.859-4173

Daytime Phone