

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 18, 2002 8:00 am
Secretary of State

0043702

03-18-2002 90071 045 ****61.25

DOCUMENT # N93000002569

1. Entity Name

**SEASIDE AT BELLEAIR I CONDOMINIUM ASSOCIATION, I
 NC.**

Principal Place of Business

Mailing Address

2189 CLEVELAND ST
 #225
 CLEARWATER FL 33765
 US

2189 CLEVELAND ST
 #225
 CLEARWATER FL 33765
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3206211

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**LEIGHTON, LENNARD A.
 %SEABOARD ARBORS MGMT.
 2109 CLEVELAND ST. -STE 225
 CLEARWATER FL 33765**

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	<input checked="" type="checkbox"/> Delete
NAME	WHITTLE, ERNEST	
STREET ADDRESS	ONE SEASIDE LANE #203	
CITY-ST-ZIP	BELLEAIR FL 33756	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	FALLON, JOE	
STREET ADDRESS	1 SEASIDE LANE STE 504	
CITY-ST-ZIP	BELLEAIR FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BRIGGS, PETER	
STREET ADDRESS	ONE SEASIDE LANE, #301	
CITY-ST-ZIP	BELLEAIR FL 33756	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BOGATIN, ROBERT	
STREET ADDRESS	ONE SEASIDE LANE #803	
CITY-ST-ZIP	BELLEAIR FL 33756	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GALLUPS, GARY	
STREET ADDRESS	ONE SEASIDE LANE #802	
CITY-ST-ZIP	BELLEAIR FL 33756	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Allen Griffith	
STREET ADDRESS	One Seaside Lane #702	
CITY-ST-ZIP	Belleair, FL 33756	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ernest Whittle	
STREET ADDRESS	One Seaside Lane #203	
CITY-ST-ZIP	Belleair, FL 33756	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 another like empowered.

SIGNATURE:

Ernest Whittle
 ERNEST WHITTLE
 REGISTERED

1 Mar '02 (727) 442-5960

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)