

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

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90233 017 ****61.25

DOCUMENT # N93000002569



1. Entity Name
**SEASIDE AT BELLEAIR I CONDOMINIUM ASSOCIATION, I
NC.**

Principal Place of Business 2189 CLEVELAND ST #225 CLEARWATER FL 33765 US	Mailing Address 2189 CLEVELAND ST #225 CLEARWATER FL 33765 US
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2. Principal Place of Business ONE SEASIDE LN	3. Mailing Address 7300 PARK ST.
Suite, Apt. #, etc.	Suite, Apt. #, etc.



CHECK HERE IF MAKING CHANGES

City & State BELLEAIR FL	City & State SEMINOLE FL	4. FEI Number 59-3206211	Applied For <input type="checkbox"/> Not Applicable
Zip 33756	Country US	Zip 33777-4601	Country US
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
**LEIGHTON, LENNARD A.
%SEABOARD ARBORS MGMT.
2109 CLEVELAND ST. STE 225
CLEARWATER FL 33765**

7. Name and Address of New Registered Agent
Name **DEBRA REINHARDT**
Street Address (P.O. Box Number is Not Acceptable)
**RESOURCE MANAGEMENT INC.
7300 PARK ST.**
City **SEMINOLE** FL Zip Code **33777-4601**

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.

SIGNATURE *Debra Reinhardt*
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. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WHITTLE, ERNEST ONE SEASIDE LANE #203 BELLEAIR FL 33756	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BOGATIN, ROBERT ONE SEASIDE LANE #803 BELLEAIR FL 33756	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GRIFFITH, ALLEN ONE SEASIDE LANE #702 BELLEAIR FL 33756	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LANGENBERG, FRED ONE SEASIDE LN #404 BELLEAIR FL 33756	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SLOAD, HARRY ONE SEASIDE LN #304 BELLEAIR FL 33756	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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 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*

3/18/03

CR2E037 (10/02)