

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

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

03-31-2003 90233 018 \*\*\*\*61.25

**DOCUMENT # N93000003005**

1. Entity Name

**SEASIDE AT BELLEAIR MASTER ASSOCIATION, INC.**



Principal Place of Business

**2189 CLEVELAND STREET  
#225  
CLEARWATER FL 33765  
US**

Mailing Address

**2189 CLEVELAND STREET  
#225  
CLEARWATER FL 33765  
US**

2. Principal Place of Business

**TWO SEASIDE LN**  
Suite, Apt. #, etc.

3. Mailing Address

**7300 PARK ST.**  
Suite, Apt. #, etc.

City & State

**BELLEAIR FL**

City & State

**SEMINOLE FL**

Zip

**33756**

Country

**US**

Zip

**33777-4601**

Country

**US**

4. FEI Number **59-3206213**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**LEIGHTON, LENNARD A.  
2189 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

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	TD	<input type="checkbox"/> Delete
NAME	LANKTON, JAMES	
STREET ADDRESS	3 SEASIDE LANE #402	
CITY-ST-ZIP	BELLEAIR FL 33756	
TITLE	PD	<input type="checkbox"/> Delete
NAME	CROWN, BOB	
STREET ADDRESS	2 SEASIDE LANE #103	
CITY-ST-ZIP	BELLEAIR FL 33756	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	GRIFFITH, ALLEN	
STREET ADDRESS	ONE SEASIDE LANE, #702	
CITY-ST-ZIP	BELLEAIR FL 33756	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	PERROTT, RONALD	
STREET ADDRESS	TWO SEASIDE LANE # 503	
CITY-ST-ZIP	BELLEAIR FL 33756	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SEITER, TOM	
STREET ADDRESS	TWO SEASIDE LN # 301	
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 all other like empowered.

SIGNATURE:

*Signature of Tom Seiter*

1-30-03

CR2E037 (10/02)