

**2002 UNIFORM BUSINESS REPORT (UBR)**

4/1

**FILED**  
**May 29, 2002 8:00 am**  
**Secretary of State**

04-18-2002 90347 041 \*\*\*\*61.25

**DOCUMENT # N95000001473**

1. Entity Name

**SEA CHASE AT OCEAN VILLAGE CONDOMINIUM ASSOCIATI  
 ON, INC.**

Principal Place of Business

Mailing Address

**2215 EAST SR 200  
 YULEE FL 32097  
 US**

**PO BOX 1987  
 YULEE FL 32097-1987  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

**32041-1987**

Country

4. FEI Number

**59-3367989**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional  
 Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**POWELL, TERRELL J  
 2215 EAST SR 200  
 YULEE FL 32097**

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  Delete  
 NAME **PD BOND, PETER**  
 STREET ADDRESS **5158 SEA CHASE DR, 4**  
 CITY-ST-ZIP **FERNANDINA BCH FL 32034**

TITLE  Change  Addition  
 NAME **PD PROW, CHARLENE**  
 STREET ADDRESS **5214 Sea Chase Drive #1**  
 CITY-ST-ZIP **Fernandina Beach, FL 32034**

TITLE  Delete  
 NAME **SD PROW, CHARLENE**  
 STREET ADDRESS **1741 FRIAR TUCK RD. NE**  
 CITY-ST-ZIP **ATLANTA GA 30309**

TITLE  Change  Addition  
 NAME **VPD BOND, PETER**  
 STREET ADDRESS **5158 Sea Chase Drive # 4**  
 CITY-ST-ZIP **Fernandina Beach, FL 32034**

TITLE  Delete  
 NAME **D KROHN, DAVID**  
 STREET ADDRESS **5138 SEA CHASE DR # 5**  
 CITY-ST-ZIP **FERNANDINA BEACH FL 32034**

TITLE  Change  Addition  
 NAME **SD COLLINS, MIKE**  
 STREET ADDRESS **5142 Sea Chase Drive #2**  
 CITY-ST-ZIP **Fernandina Beach, FL 32034**

TITLE  Delete  
 NAME **D ASH, FRED M**  
 STREET ADDRESS **5214 SEA CHASE DR, 2**  
 CITY-ST-ZIP **FERNANDINA BCH FL 32034**

TITLE  Change  Addition  
 NAME **TD AUDET, PAUL**  
 STREET ADDRESS **5236 Sea Chase Drive #1**  
 CITY-ST-ZIP **Fernandina Beach, FL 32034**

TITLE  Delete  
 NAME **SD COLLINS, GERALD M**  
 STREET ADDRESS **5142 SEA CHASE DRIVE # 2**  
 CITY-ST-ZIP **FERNANDINA BEACH FL 32034**

TITLE  Change  Addition  
 NAME **D DEABLER, MARIANNE**  
 STREET ADDRESS **5290 Sea Chase Drive #3**  
 CITY-ST-ZIP **Fernandina Beach, FL 32034**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  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:

*Charlene Prow, President*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4-1-02. (404)881-6662*  
 Date Daytime Phone #

CR2E037 (9/01)