

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000003808

1. Entity Name

SEA OAKS TENNIS VILLAS "B" CONDOMINIUM ASSOCIATI

Principal Place of Business

1235 WINDING OAKS CIRCLE
VERO BEACH FL 32963

Mailing Address

1235 WINDING OAKS CIRCLE
VERO BEACH FL 32963-4025

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0607997

Applied For

Not Applicable

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

DAWSON
DAWON, PAMELA S
1235 WINDING OAK
VERO BEACH FL 32963

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

Pamela Dawson

(NOTE: Registered Agent signature required when reinstating)

DATE

3-18-00

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 D ☐ Delete
NAME GREEN, RALPH
STREET ADDRESS 1235 WINDING OAK CIRCLE
CITY-ST-ZIP VERO BEACH FL 32963

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME GREEN, SHARON
STREET ADDRESS 1235 WINDING OAKS CIRCLE
CITY-ST-ZIP VERO BEACH FL 32963

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PD ☐ Delete
NAME LOPEZ, PATRICIA
STREET ADDRESS 1235 WINDING OAKS CIRCLE
CITY-ST-ZIP VERO BEACH FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
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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:

RAIGIATGREETURE

Date

Daytime Phone #

3/15/2000



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)