

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2000 8:00 am
Secretary of State

03-17-2000 90003 033 ****61.25

DOCUMENT # N95000005397

1. Entity Name
SEA DIP BEACH RESORT CONDOMINIUM ASSOCIATION, IN

Principal Place of Business 1233 S ATLANTIC AVE DAYTONA BEACH FL 32118 US	Mailing Address 128 EAST GRANADA BLVD. PO BOX 1977 ORMOND BEACH FL 32127-4623 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

3511 S. Peninsula Drive
Daytona Beach, FL
32127

4. FEI Number **59-3431526**
 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

RAINEY, JOHN A
2101 JOHN ANDERSON DR
ORMOND BEACH FL 32176

7. Name and Address of New Registered Agent

Name
Karen D. Parkes
 Street Address (P.O. Box Number is Not Acceptable)
Southeast Management Services, Inc.
3511 S. Peninsula Drive
 City
Daytona Beach **FL** Zip Code
32127

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 *Karen D. Parkes*

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WHITE, WILLIAM 826 EAST HILLVIEW DRIVE BENTWOOD TN 37027	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MEYER, IRVIN 328 EAST MORNING DOVE COURT MONTICELLO GA 31064	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WANCIDO, DEBBIE 272 ST ANTHONY DRIVE VALRICO FL 33594	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CASTELOW, BETSEY 11013 SPIVEY ROAD GIBSONTON FL 33534	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SHARPE, GRACE 303 BRADEY STREET POOLES GA 31322	<input checked="" 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	DVP Grant, Daryl 165 Dawn Ridge Court Brandon, FL 33510	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS/T Morton, Donald 568 Huntington Parkway Nashville, Tn. 37211-5942	<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
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 *Karen D. Parkes, Pres SEMf*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-13-00 (904) 761-5733

Date

Daytime Phone #

CR2E037 (9/99)