

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2001 8:00 am
Secretary of State

0009085

DOCUMENT # N95000005397

05-01-2001 90096 011 *****61.25

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

3511 S. PENINSULA DR
 DAYTONA BEACH FL 32127
 US

2. Principal Place of Business

3. Mailing Address

1233 S. ATLANTIC AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
DAYTONA BEACH, FL

4. FEI Number

59-3431526

Applied For

Not Applicable

Zip

Country

Zip

Country

32118

U.S.A.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PARKES, KAREN K
3511 S. PENINSULA DR
%SOUTHEAST MGMT SVCS, INC.
DAYTONA BEACH FL 32127

7. Name and Address of New Registered Agent

Name **DEBBIE WANCIO**
 Street Address (P.O. Box Number is Not Acceptable)
2722 ST. ANTHONY DRIVE
VALRICO FL
 City **FL** Zip Code **33594**

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 *Debbie Wancio* **DEBBIE WANCIO PRESIDENT** **4/25/01**
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 checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV GRANT, DARYL 165 DAWN RIDGE CT BRANDON FL 33510	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST MORTON, DONALD 568 HUNTINGTON PKWY NASHVILLE TN 37211-5942	<input checked="" 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.

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DEBBIE WANCIO 2722 ST. ANTHONY DR. VALRICO, FL 33594	TORS IN 10 Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PEGGY ST. CLAIR 49 MANRESSA ROAD ST. AUGUSTINE, FL 32084	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TDS BETSY CASTELOW 11013 SPIVEY ROAD GIBSONTON, FL 33534	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLY CARPIO 14531 DIPLOMAT DR. TAMPA, FL 33618	<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: *Debbie Wancio* **DEBBIE WANCIO** **4/25/01** **386-253-0334**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)