

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90002 019 ****61.25

DOCUMENT # N95000005397

1. Entity Name

SEA DIP BEACH RESORT CONDOMINIUM ASSOCIATION, IN C.

Principal Place of Business

Mailing Address

**1233 S ATLANTIC AVE
 DAYTONA BEACH FL 32118
 US**

**3511 S. PENINSULA DR
 DAYTONA BEACH FL 32127
 US**

2. Principal Place of Business

3. Mailing Address

1233 S. ATLANTIC

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DAYTONA BEACH, FL

Zip

Country

Zip

Country

32118

USA

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

7. Name and Address of New Registered Agent

**WANCIO, DEBBIE
 2722 ST. ANTHONY DRIVE
 VALRICO FL 33594**

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	DP	<input type="checkbox"/> Delete
NAME	WANCIO, DEBBIE	
STREET ADDRESS	2722 ST. ANTHONY DR.	
CITY-ST-ZIP	VALRICO FL 33594	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ST. CLAIR, PEGGY	
STREET ADDRESS	49 MANRESSA ROAD	
CITY-ST-ZIP	SAINT AUGUSTINE FL 32084	
TITLE	TDS	<input type="checkbox"/> Delete
NAME	CASTELOW, BETSY	
STREET ADDRESS	11013 SPIVEY ROAD	
CITY-ST-ZIP	GIBSONTON FL 33534	
TITLE	D	<input type="checkbox"/> Delete
NAME	CARPIO, WILLY	
STREET ADDRESS	14531 DIPLOMAT DR.	
CITY-ST-ZIP	TAMPA FL 33618	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D/V	<input checked="" 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		

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: *Peggy St. Clair* **ST. CLAIR** 4/5/02 (386) 253-0334

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CF2E037 (9/01)