

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90153 043 ****61.25

0001469

DOCUMENT # N95000005397



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

Principal Place of Business
**1233 S ATLANTIC AVE
DAYTONA BEACH FL 32118
US**

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

00063000



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3431526**

Applied For

Not Applicable

Zip

Country

Zip

Country

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida 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	DT	<input type="checkbox"/> Delete
NAME	ST. CLAIR, PEGGY	
STREET ADDRESS	49 MANRESSA ROAD	
CITY-ST-ZIP	SAINT AUGUSTINE FL 32084	
TITLE	S	<input type="checkbox"/> Delete
NAME	CASTELOW, BETSY	
STREET ADDRESS	11013 SPIVEY ROAD	
CITY-ST-ZIP	GIBSONTON FL 33534	
TITLE	DV	<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
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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: *Debbie Wancio* **DEBBIE WANCIO** 4/23/03 (386) 253-0334

CR2E037 (10/02)