

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2001 8:00 am
Secretary of State

03-27-2001 90036 039 ****61.25

DOCUMENT # N97000005480

1. Entity Name

SEASIDE II AT PELICAN SOUND CONDOMINIUM ASSOCIAT.

Principal Place of Business

Mailing Address

24301 WALDEN CENTER DRIVE
 BONITA SPRINGS FL 34134

24301 WALDEN CENTER DRIVE
 BONITA SPRINGS FL 34134

2. Principal Place of Business

3. Mailing Address

24201 Walden Center Drive

P.O. Box 9709

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Bonita Springs, FL

Naples, Florida

Zip

Country

Zip

Country

34134

USA

34101

USA

4. FEI Number

59-3471998

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HASTINGS, VIVIEN N
 24301 WALDEN CENTER DRIVE
 BONITA SPRINGS FL 34134

Name
~~Hart, Steve~~

Street Address (P.O. Box Number is Not Acceptable)

4985 Tamiami Trail East

City

Naples, FL 34113

FL

Zip Code

34113

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

Stacy A. Har...

3/20/01

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	DVS MULLER, ROBERT	<input type="checkbox"/> Delete
STREET ADDRESS	24301 WALDEN CENTER DRIVE	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	
TITLE NAME	DP HAYDEN, KENNETH W	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	24301 WALDEN CENTER DRIVE	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	
TITLE NAME	DT TRAVIS, DUSTIN	<input type="checkbox"/> Delete
STREET ADDRESS	24301 WALDEN CENTER DRIVE	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME	DP ROBASKO, James	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	21400 Pelican Sound Dr # 202	
CITY-ST-ZIP	ESTERO, FL 33928	
TITLE NAME	DVP Cooper, Marcia	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	21410 Pelican Sound Dr. # 102	
CITY-ST-ZIP	ESTERO, FL 33928	
TITLE NAME	D.S.T Swingos, James	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	21410 Pelican Sound Dr. # 201	
CITY-ST-ZIP	ESTERO, FL 33928	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

Signature Required Pres.

3-22-01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)