

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

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 91045 045 ****61.25

DOCUMENT # N97000005480

1. Entity Name
SEASIDE II AT PELICAN SOUND CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business
**21340 PELICAN SOUND DR.
ESTERO FL 33928
US**

Mailing Address
**PO BOX 9709
NAPLES FL 34101
US**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
City & State

Zip Country Zip Country



\$ 61.25



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3471998** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
**HART, STEVE
4985 TAMAMI TRAIL EAST
NAPLES FL 34113**

7. Name and Address of New Registered Agent
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 _____ (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 Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ROSASCO, JAMES 21400 PELICAN SOUND DR #202 ESTERO FL 33928 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JAMES SWINGOS 21410 PELICAN SOUND DR #201 ESTERO, FL 33928 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV COOPER, MARCIA 21410 PELICAN SOUND DR #102 ESTERO FL 33928 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ROBERT WELLMER 21340 PELICAN SOUND DR #201 ESTERO, FL 33928 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST SWINGOS, JAMES 21410 PELICAN SOUND DR #201 ESTERO FL 33928 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ROBERT TUNESKI 21420 PELICAN SOUND DR #101 ESTERO, FL 33928 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROSASCO, JAMES 21400 PELICAN SOUND DR., #202 ESTERO FL 33928 <input checked="" type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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: SIGNATURE REQUIRED *ROBERT S TUNESKI 4/5/03 239-948-7118*

CR2E037 (10/02)