NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 **DOCUMENT # N30292**

1. Corporation Name

SEAPUH	I MASTER ASSUCIATION,	INC.						•	
Principal Place of Business Mailing Address									٠.
VILLAGES OF	8850 N. ATLANTIC AVE	ITIC AVE			EMIN et 1111 et 1 111 il				
8850 N. ATLANTIC AVE. STE. 5000					1				
CAPE CANAVERAL FL 32920 CAPE CANAVERAL FL 32920 US			,		'''	B11:5: 450 501:2	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
00		•••							
2. Principal P	lace of Business	2a. Mailing Address				ncorporated or Qualife	d		
21		26				0/1989			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			4. FEI N			<u> </u>	olied For
22		27			59-2	761375		 	Applicable
City & Stat	e	City & State			5. Certifo	ate of Status Desired		\$8.75 A	
23		28	<u> </u>				<u>. · ·</u>		
Zip	Country	Zip	_ Country 		1	on Campaign Financing Fund Contribution	' □	\$5.00 i Added to	•
24	25 9. Name and Address of Curre		<u> </u>			and Address of New	Registered		71 003
	5. Name and Address of Curre	iit vadisteian võent	81	Name					
DECKED (DOLLAKOFF DA						1-1-1-X		
BECKER & POLIAKOFF, PA			82	Street A	ddress (P.O. Bo	x Number is Not Accep	table)		
C/O C JOHN CHRISTENSEN, ESQ			83			 			
500 WINDERLEY PL, SUITE 104			<u> </u>					11 7:- 0	
MAITLAND FL 32751			84	City		•	FL	. 85 Zip C	ode
agent. I a SIGNATURE	registered agent, or both, in the State am familiar with, and accept the obligations. Signature, typed or printed name of registered agr	ations of, Section 617.U5U3, Floridant and title if applicable. (NOTE: R	la Statutes	•	uired when reinstating		DATE		
12.		ND DIRECTORS	13.	T i		UNS/CHANGES TO C	FFICERS A	Change	Addition
TITLE	PD	⊠ DELETE	1.1 TITLE		PP May 5 m	14576		- Ollango	, riddison
NAME	TODD JAMES		1.2 NAME		TEL DAY	uyers Rth Senpor	τ .	,	
STREET ADDRESS	1			ADDRESS		PHAVERAL.	F)	32920	
CITY-ST-ZIP	CAPE CANAVERAL FL	☐ DELETE	1.4 CITY-S 2.1 TITLE	I-ZIP (STD	<i>/////47/1914/11/2</i> ,	, ,	Change	Addition
TITLE	VPD	O VELLE	2.7 NAME	-	3, V			•	_
NAME	DRAHL, WILLIAM 5939 MARLBERRY DRIVE		1	ADDRESS					
STREET ADDRESS	ORLANDO F		2.4 CITY-5	- 1					
CITY-ST-ZIP	STD	☐ DELETE	3.1 TITLE		PD			Change	☐ Addition
NAME	MCHUGH, THOMAS	_	3.2 NAME		.,,				
STREET ADDRESS	AND ASSESSED BLUE			T ADDRESS					
CITY-ST-ZIP	CAPE CANAVERAL FL		3.4. CITY-5	ST-ZIP					
TITLE		☐ DELETE	4,1 TITLE					☐ Change	Addition
NAME			4, 2 NAME					•	
STREET ADDRESS			4.3 STREE	TADDRESS					•
CITY-ST-ZIP			4.4 CITY-S	<u>T-ZIP</u>					
TITLE		[] DELETE	5.1 TITLE					Change	☐ Addition
NAME			5.2 NAME				•		•
OTDECT ADDRESS	.[5.3 STREE	FADDRESS					

CITY-ST-ZIP 14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

DELETE

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

Addition

Change

Mar 10, 1999 8:00 am secretary of State

03-10-1999 90160 021 ****61.25