

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N41715

1. Entity Name

THE LANDINGS AT SEWALL'S POINT PROPERTY OWNERS'

Principal Place of Business

1274 NE BUSINESS PARK PL  
JENSEN BCH FL 34957  
US

Mailing Address

PO BOX 65  
JENSEN BCH FL 34958-0065

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

58-1871745

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

ADVANTAGE PROPERTY MANAGEMENT  
1274 NE BUSINESS PARK PL  
JENSEN BCH FL 34497

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 PD  
NAME ERWIN, TOM  
STREET ADDRESS 2892 N.E. SEWALLS LANDING WAY  
CITY-ST-ZIP JENSEN BEACH FL 34957 ☐ Delete

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE DST  
NAME WOOD, CHARLES H  
STREET ADDRESS 2820 NE SEWALLS LANDING WAY  
CITY-ST-ZIP JENSEN BEACH FL 34957 ☐ Delete

TITLE NAME VPD  
STREET ADDRESS  
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE VPD  
NAME PEFLEY, DAVID  
STREET ADDRESS 2819 N.E. SEWALLS LANDING WAY  
CITY-ST-ZIP JENSEN BEACH FL 34957 ☒ Delete

TITLE NAME DST  
STREET ADDRESS JOHN GODFREY  
CITY-ST-ZIP 2838 NE SEWALLS LANDING WAY  
JENSEN BEACH, FL 34957 ☐ Change ☒ Addition

TITLE D  
NAME POLLIS, GEORGE  
STREET ADDRESS 2928 NE SEWALLS LANDING WAY  
CITY-ST-ZIP JENSEN BEACH FL 34957 ☒ Delete

TITLE NAME D  
STREET ADDRESS TRACY ARMSTRONG  
CITY-ST-ZIP 2636 NE SABAL PALM WAY  
JENSEN BEACH FL 34957 ☐ Change ☒ Addition

TITLE D  
NAME WINTERS, CHARLES  
STREET ADDRESS 2910 NE SEWALLS POINT WAY  
CITY-ST-ZIP JENSEN BEACH FL 34957 ☐ Delete

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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:

STATE SECRETARY OF REVENUE - DIRECTOR 3/6/00 561-241-1543

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Mar 15, 2000 8:00 am  
Secretary of State

03-15-2000 90084 043 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE