

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90148 022 ****61.25

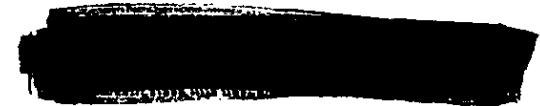
DOCUMENT # N09947
1. Entity Name
4300 CONDOMINIUM ASSOCIATION INC
DBA SEASIDE VILLAS

Principal Place of Business	Mailing Address
<u>C/O OCEAN PROPERTIES</u> <u>3506 S. ATLANTIC AVENUE</u> <u>NEW SMYRNA BEACH FL 32169</u> <u>US</u>	<u>C/O OCEAN PROPERTIES</u> <u>3506 S. ATLANTIC AVENUE</u> <u>NEW SMYRNA BEACH FL 32169-3628</u> <u>US</u>

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

4. FEI Number <u>59-3357597</u>	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

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

SIGNATURE Will P. Ross
 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

TITLE NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<u>P</u> <u>KEN BURGESS</u>	<u>36 JACKSON DRIVE</u>	<u>MILFORD, CT. 06460-7109</u>		
<u>VP/5</u> <u>FRANK ZAHN</u>	<u>884 OYSTER QUAY</u>	<u>NEW SMYRNA BEACH, FL. 32169</u>		
<u>T</u> <u>PATSIKOSTAS, THANOS</u>	<u>898 OYSTER QUAY</u>	<u>NEW SMYRNA BEACH, FL. 32169</u>		

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: Will P. Ross
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2FN37 (9/99)