

2000 UNIFORM BUSINESS REPORT (UBR)

3/1

DOCUMENT # 752323

1. Entity Name

SEA VILLA CONDOMINIUM ASSOCIATION, INC.

FILED
May 02, 2000 8:00 am
Secretary of State

03-08-2000 90070 023 ****61.25

Principal Place of Business		Mailing Address	
1425 A1A SATELLITE BEACH FL 32937		1425 A1A SATELLITE BEACH FL 32937-5405	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2058426		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
GUSTAFSON, REBECCA B 1425 A1A HIGHWAY UNIT 11 SATELLITE BEACH FL 32937		Name CHARLOTTE WELCH Street Address (P.O. Box Number is Not Acceptable) 1425 A1A HIGHWAY, #12 City SATELLITE BEACH FL Zip Code 32937	

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 Charlotte Welch, TREASURER (CHARLOTTE WELCH) 2/29/00
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 STREET ADDRESS CITY-ST-ZIP	T GUSTAFSON, REBECCA B 1425 A1A #11 SATELLITE BEACH FL 32937 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DAVID OMLER 1425 A1A #23 SATELLITE BEACH, FL 32937 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD STOKES, JAMES 1425 A1A UNIT 14 SATELLITE BEACH FL 32937 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CHARLOTTE WELCH 1425 A1A #12 SATELLITE BEACH, FL 32937 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BELL, SHIRLEY 1425 A1A UNIT 14 SATELLITE BEACH FL 32937 <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	S BEATTY, MARY 1425 A1A #7 SATELLITE BEACH FL 32937 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARY BEATTY 1425 A1A #7 SATELLITE BEACH, FL 32937 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TROMLEY, BETTY 1425 A1A #16 SATELLITE BEACH FL 32937 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BETTY TROMLEY 1425 A1A #16 SATELLITE BEACH, FL 32937 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" 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: CHARLOTTE WELCH 2/29/00 321-723-7999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CH2E037 (9/99)