

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 722831

1. Entity Name

SEA TERRACE CONDOMINIUM ASSOCIATION, INC. ✓

FILED
Jul 26, 2000 8:00 am
Secretary of State

07-26-2000 90043 015 ****61.25

Principal Place of Business

209 SE 6TH ST
#1
BOYNTON BEACH FL 33435
US

Mailing Address

209 SE 6TH ST
#1
BOYNTON BEACH FL 33435
US

2. Principal Place of Business

209 S. E. 6th Street

3. Mailing Address

P. O. Box 1

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE.

City & State
Boynton Beach, FL

City & State
Boynton Beach, FL

4. FEI Number
59-1114218

Applied For
Not Applicable

Zip
33435

Country
US

Zip
33425

Country
US

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

6. Name and Address of Current Registered Agent

BECK, MARION
209 SE 6 ST #9
BOYNTON BEACH FL 33435

7. Name and Address of New Registered Agent

Name
Richard A. Monahan

Street Address (P.O. Box Number is Not Acceptable)
209 S. E. 6th Street, Apt 2

City
Boynton Beach FL Zip Code 33435

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 *Richard A. Monahan*
Richard A. Monahan, President/Director
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE
July 19, 2000

FILE NOW: FEE IS \$61.25
After September 13, 2000 min. will be \$236.25

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	P/D	<input type="checkbox"/> Delete
NAME	MONAHAN, RICHARD	
STREET ADDRESS	209 SE 6TH ST., #2	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	
TITLE	ST	<input type="checkbox"/> Delete
NAME	BECK, MARION	
STREET ADDRESS	2090 SE 6TH ST #9	
CITY-ST-ZIP	BOYNTON BCH FL 33435	
TITLE	D	<input type="checkbox"/> Delete
NAME	LICATA, BARBARA	
STREET ADDRESS	209 SE 6ST #10	
CITY-ST-ZIP	BOYNTON BCH FL 33435	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P/D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Monahan, Richard	
STREET ADDRESS	209 S. E. 6th ST., #2	
CITY-ST-ZIP	Boynton Beach, FL 33435	
TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Barbara Licata-Monahan	
STREET ADDRESS	209 S. E. 6th ST., #10	
CITY-ST-ZIP	Boynton Beach, FL 33435	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Walter H. Baum	
STREET ADDRESS	209 S. E. 6th ST., #11	
CITY-ST-ZIP	Boynton Beach, FL 33435	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Richard A. Monahan*
Richard A. Monahan, President/Director July 19, 2000 (561) 732-3910
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/00)