

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 770896

1. Entity Name

SEACOVE CONDOMINIUM OWNERS' ASSOCIATION, INC.

R

Principal Place of Business

1630 OLD HWY 98
DESTIN FL 32541
US

Mailing Address

1630 OLD HWY 98
DESTIN FL 32541
US

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

59-2373299

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

CODDINGTON, DAVID L.
1630 OLD HWY 98
DESTIN FL 32541

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

David L. Coddington
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

7-26-00

DATE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	KAVANAGH, MARTIN	
STREET ADDRESS	1630 OLD HWY 98	
CITY-ST-ZIP	DESTIN FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SMITH, VIOLA M	
STREET ADDRESS	603 WOOD HILL DR	
CITY-ST-ZIP	FAIRBORN OH	
TITLE	SD	<input type="checkbox"/> Delete
NAME	YOUNG, JOAN	
STREET ADDRESS	1630 OLD HWY 98	
CITY-ST-ZIP	DESTIN FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SMITH, JAMES	
STREET ADDRESS	603 WOOD HILL DRIVE	
CITY-ST-ZIP	FAIRBORN OH	
TITLE	TD	<input type="checkbox"/> Delete
NAME	CASTELLANO, JOHN	
STREET ADDRESS	2245 ENLUND #7	
CITY-ST-ZIP	PALATINE IL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rick Holcomb	
STREET ADDRESS	1630 Old Hwy 98	
CITY-ST-ZIP	Destin FL	
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:

Rick Holcomb
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Aug 22, 2000 8:00 am
Secretary of State

08-22-2000 90004 023 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (5/00)