

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 28, 2001 8:00 am
Secretary of State

02-28-2001 90106 005 ****61.25

DOCUMENT # 764003

1. Entity Name

SEAFIRE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

2121 HILL STREET
NEW SMYRNA BEACH FL 32169
US

Mailing Address

703 THIRD AVENUE
NEW SMYRNA BEACH FL 32169
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

59-2486863

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

THE KEYES COMPANY
703 THIRD AVENUE
NEW SMYRNA BEACH FL 32169

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

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 VD
NAME THOMPSON, GILLIAN ☐ Delete
STREET ADDRESS 2121 HILL ST., UNIT #7A
CITY-ST-ZIP NEW SMYRNA BEACH FL

TITLE TD
NAME LYONS, JOHN G ☒ Delete
STREET ADDRESS 544 FERRY POINT ROAD
CITY-ST-ZIP ANNAPOLIS MD 21403

TITLE SD
NAME WHILE, MARGARET ☐ Delete
STREET ADDRESS 7548 GLENMOOR LANE
CITY-ST-ZIP WINTER PARK FL 32789-2510

TITLE AD
NAME RANDALL, MARK ☐ Delete
STREET ADDRESS 222 COACHMANS COVE
CITY-ST-ZIP ALTAMONTE SPRINGS FL

TITLE D
NAME RIDDLE, NAOMI ☐ Delete
STREET ADDRESS 5332 KENYON RD.
CITY-ST-ZIP ORLANDO FL

TITLE P
NAME PASHUCK, EUGENE ☐ Delete
STREET ADDRESS 8520 SUMMERVILLE PL.
CITY-ST-ZIP ORLANDO FL

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE TREASURER ☐ Change ☒ Addition
NAME O'BRIEN, GAYLE
STREET ADDRESS 2121 HILL STREET, #2B
CITY-ST-ZIP NEW SMYRNA BEACH, FL 32169

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

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

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

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)