

2001 UNIFORM BUSINESS REPORT (UBR)

3/1

FILED
Apr 05, 2001 8:00 am
Secretary of State

03-15-2001 90183 034 ****61.25

DOCUMENT # 733715

1. Entity Name

SEA SHELL CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

6500 MIDNIGHT PASS ROAD
 SARASOTA FL 34242-2599

Mailing Address

6500 MIDNIGHT PASS ROAD
 SARASOTA FL 34242-2599

34771



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-1848247**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

HAMMERLING, WALTER
ARGUS PROPERTY MANAGEMENT
2100 CONSTITUTION
SARASOTA FL 34231

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	PD	<input checked="" type="checkbox"/> Delete
NAME	SMITH, CURRAN	
STREET ADDRESS	4817 26TH ST NORTH	
CITY-ST-ZIP	ARLINGTON VA 22207	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SAN GIACOMO, JOSEPH	
STREET ADDRESS	110 KENT DR	
CITY-ST-ZIP	ROSELAND NJ	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	SAN GIACOMO, JOSEPH	
STREET ADDRESS	110 KENT DR	
CITY-ST-ZIP	ROSELAND NJ	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BELTRANI, GARY	
STREET ADDRESS	9 RED BRIDGE COURT	
CITY-ST-ZIP	EAST SATAUKET NY	
TITLE	D	<input type="checkbox"/> Delete
NAME	GUNNING, MICHAEL	
STREET ADDRESS	313 GLYN CAGNEY	
CITY-ST-ZIP	BALWIN MO	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TREASURER DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	G. JAMES KILBURG	
STREET ADDRESS	1325 S. LINCOLN AVE	
CITY-ST-ZIP	PARK RIDGE, IL 60068	
TITLE	PRESIDENT DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAN GIACOMO, JOSEPH	
STREET ADDRESS	110 KENT DR	
CITY-ST-ZIP	ROSELAND NJ 07068	
TITLE	SECRETARY DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHARON RYBICKI	
STREET ADDRESS	6869 N. MASCHELLE AVE	
CITY-ST-ZIP	CHICAGO IL 60646	
TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELTRANI, GARY	
STREET ADDRESS	9 RED BRIDGE COURT	
CITY-ST-ZIP	EAST SATAUKET NY 11790	
TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUNNING, MICHAEL	
STREET ADDRESS	313 GLYN CAGNEY	
CITY-ST-ZIP	BALWIN, MO 63021	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)