

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 14, 2001 8:00 am**  
**Secretary of State**

04-14-2001 90021 004 \*\*\*\*61.25

**DOCUMENT # 740352**

1. Entity Name

**THE SEA BROOK PLACE CONDOMINIUM ASSOCIATION, INC**

Principal Place of Business

100 SEABREEZE CIR/JUPITER. FL/33477  
P.O. BOX 4027  
TEQUESTA FL 33469-6027

Mailing Address

100 SEABREEZE CIR/JUPITER. FL/33477  
P.O. BOX 4027  
TEQUESTA FL 33469-6027

2. Principal Place of Business

3. Mailing Address

**725 N. AIA,**  
Suite, Apt. #, etc.  
**SUITE C-110**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**JUPITER FL**

Zip

Country

Zip

Country

**33477**

4. FEI Number

**59-1819665**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**PETERSON, ERIC G**  
**154 SIMS CREEK LANE**  
**JUPITER FL 33458**

7. Name and Address of New Registered Agent

Name **STEVE INGLIS**

Street Address (P.O. Box Number is Not Acceptable)  
**725 N AIA SUITE C-110**

City **JUPITER** FL Zip Code **33477**

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

**4/14/01**

**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** **VPO PRESIDENT** ☐ Delete  
NAME **REID, NANCY**  
STREET ADDRESS **250 SEABREEZE CIRCLE**  
CITY-ST-ZIP **JUPITER FL 33477**

TITLE **D** ☒ Delete  
NAME **IONO, SAMUEL**  
STREET ADDRESS **236 SEABREEZE CIRCLE**  
CITY-ST-ZIP **JUPITER FL 33477**

TITLE **SD** ☒ Delete  
NAME **POSE, EDWARD**  
STREET ADDRESS **217 SEABREEZE CIRCLE**  
CITY-ST-ZIP **JUPITER FL 33477**

TITLE **PD** ☒ Delete  
NAME **TRAMONTANA, THOMAS**  
STREET ADDRESS **124 SEABREEZE CIR**  
CITY-ST-ZIP **JUPITER FL**

TITLE **D** ☐ Delete  
NAME **MCGILL, JAMES**  
STREET ADDRESS **287 SEABREEZE CIRCLE**  
CITY-ST-ZIP **JUPITER FL 33477**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **TD** ☐ Change ☐ Addition  
NAME **Treasurer**  
STREET ADDRESS **Frank Freeburn**  
CITY-ST-ZIP **114 Sea Breeze Cir**  
**Jupiter, FL 33477**

TITLE **VPD** ☐ Change ☐ Addition  
NAME **VICE PRESIDENT**  
STREET ADDRESS **Abe Dababneh**  
CITY-ST-ZIP **234 Sea Breeze Cir**  
**Jupiter, FL 33477**

TITLE **SD** ☐ Change ☐ Addition  
NAME **Secretary**  
STREET ADDRESS **Carol Stanley**  
CITY-ST-ZIP **259 Sea Breeze Cir**  
**Jupiter, FL 33477**

TITLE **D** ☐ Change ☐ Addition  
NAME **Director**  
STREET ADDRESS **Michael Gray**  
CITY-ST-ZIP **245 Sea Breeze Cir**  
**Jupiter, FL 33477**

TITLE **D** ☐ Change ☐ Addition  
NAME **Director**  
STREET ADDRESS **Barbara Roach**  
CITY-ST-ZIP **072 Sea Breeze Cir**  
**Jupiter, FL 33477**

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:

**STEVE INGLIS**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**04/14/01**

CR2E037 (10/00)