

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 28, 2002 8:00 am**  
**Secretary of State**

01-28-2002 90034 010 \*\*\*\*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

7. Name and Address of New Registered Agent

**THE KEYES COMPANY  
 703 THIRD AVENUE  
 NEW SMYRNA BEACH FL 32169**

**IN SYSTEM**

**DATE: 1/16/02**

**CODE: 5122**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE **VICE PRESIDENT** ☐ Change ☒ Addition  
 NAME **NAOMI RIDDLE**  
 STREET ADDRESS **5332 KENYON ROAD**  
 CITY-ST-ZIP **ORLANDO, FL 32810**

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

TITLE **SECRETARY** ☐ Change ☒ Addition  
 NAME **JULIA SMITH**  
 STREET ADDRESS **1174 HOLLOW PINE DRIVE**  
 CITY-ST-ZIP **OVIEDO, FL 32765**

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

TITLE **ALT. DIRECTOR** ☐ Change ☒ Addition  
 NAME **CAROL BRODRICK**  
 STREET ADDRESS **16 STONE GATE NORTH**  
 CITY-ST-ZIP **LONGWOOD, FL 32779**

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

TITLE **DIRECTOR** ☐ Change ☒ Addition  
 NAME **MARK RANDALL**  
 STREET ADDRESS **222 COACHMANS COVE**  
 CITY-ST-ZIP **ALTAMONTE SPRINGS, FL 32701**

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

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:

*Gayle O'Brien* (trus)  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/12/02 386 426 5876  
 Date Daytime Phone #

CR2E037 (9/01)