

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 770896

1. Entity Name

SEACOVE CONDOMINIUM OWNERS' ASSOCIATION, INC.

FILED
Feb 04, 2002 8:00 am
Secretary of State

02-04-2002 90030 020 ****61.25

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

1630 Scenic Gulf Dr.

Suite, Apt. #, etc.

3. Mailing Address

1630 Scenic Gulf Dr

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

DESTIN, FL

City & State

DESTIN, FL

4. FEI Number

59-2373299

Applied For

Not Applicable

Zip

32550

Country

USA

Zip

32550

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HOLCOMB, RICHARD T
1630 SCENIC GULF DR
DESTIN FL 32550

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	<input checked="" type="checkbox"/> Delete
NAME	HOLCOMB, RICK	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FOLLIS, JAMES	
STREET ADDRESS	1630 SCENIC GULF DR	
CITY-ST-ZIP	DESTIN, FL 32550	
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		
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: *James D. Smith, President*

01/17/02 (937) 878-4459

CR2E037 (9/01)