

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 728503

1. Entity Name

SEA BREAKERS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

305-307 HWY A1A  
SATELLITE BCH FL 32937  
US

Mailing Address

445 RD SAIL WAY  
SATELLITE BEACH FL 32937  
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

59-1760519

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

SMITH, ROBERT G  
445 RED SAIL WAY  
SATELLITE BEACH FL FL 32937

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 *Robert G. Smith*

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 ☐ Delete  
NAME TD  
STREET ADDRESS BEASLEY, MARY A  
CITY-ST-ZIP 912 ARABIAN AVE  
WINTER SPGS FL 32708

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

TITLE ☒ Delete  
NAME D  
STREET ADDRESS MCGINTY, GENE  
CITY-ST-ZIP 3 HUNTER DRIVE  
GUILFORD CT 06840

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

TITLE ☐ Delete  
NAME PD  
STREET ADDRESS SMITH, ROBERT G  
CITY-ST-ZIP 445 RED SAIL WAY  
SATELLITE BCH FL 32937

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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS FADLKNER, WILLIAM  
CITY-ST-ZIP 691 BRINGHAM PL  
LAKE MARY FL 32746

TITLE ☐ Change ☒ Addition  
NAME D  
STREET ADDRESS Rawald, Kathleen A.  
CITY-ST-ZIP 305 Hwy A1A, Unit 18  
Satellite Beach, FL 32937

TITLE ☐ Delete  
NAME SD  
STREET ADDRESS SANFORD, GRETCHEN  
CITY-ST-ZIP 305 HWY A1A, UNIT 11  
SATELLITE BEACH FL 32937

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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS STAINWORTH, WILLIAM  
CITY-ST-ZIP 305 HWY A1A, UNIT 14  
SATELLITE BEACH FL 32937

TITLE ☒ Change ☐ Addition  
NAME D  
STREET ADDRESS Steinworth William  
CITY-ST-ZIP 305 Hwy A1A, Unit 14  
Satellite Beach, FL 32937

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: *Robert G. Smith*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-23-02 321-254-4800

CR2E037 (9/01)