## 2002 UNIFORM BUSINESS REPORT (UBR) FILED May 17, 2002 8:00 am Secretary of State **DOCUMENT # N21972** 1. Entity Name SEA PLACE II HOMEOWNERS ASSOCIATION, INC. 05-17-2002 90021 017 \*\*\*\*61.25 Principal Place of Business Mailing Address %MAY MANAGEMENT SERVICES, INC. MAY MANAGEMENT SERVICES, INC. <del>9455 ATA SOUTH</del> P.O. BOX 1509 ST AUGUSTINE FL 32090 ST AUGUSTINE EL 22085 US US 2. Principal Place of Business 3. Mailing Address 5455 5455 A Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 59-2905580 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 Name MAY MANAGEMENT SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) Sou -3455-A1A-SOUTH-SUITE 2 ST AUGUSTINE FL 32080 Zip Code FL 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 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees Department of State 10, OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE Delete TITLE Change Addition NAME HICKS, EVELYN NAME STREET ADDRESS 1714 SEA FAIR DR. STREET ADDRESS CITY-ST-ZIP ST. AUGUSTINE FL 32084 CITY-ST-ZIP ☐ Delete TITLE CVPD 🗶 Change ☐ Addition NAME ROUGE, FRED NAME STREET ADDRESS 1708 SEA FAIR DR. STREET ADDRESS CITY-ST-ZIP <u>ST. AUGUS</u>TINE FL 32084 CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME WYZAN, MAJORIE NAME STREET ADDRESS 1706 SEA FAIR STREET ADDRESS CITY-ST-7IF ST. AUGSUTINE FL CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME IDDINGS, RONALD NAME STREET ADDRESS 1713 SEA FAIR DR STREET ADDRESS CITY-ST-7IP <u>st.</u> Augustine fi CITY-ST-ZIP TITLE ☐ Delete TITLE NAME ☐ Addition DEMARS, LARRY NAME STREET ADDRESS 1704 SEA FAIR DR. STREET ADDRESS CHY-ST-7IP <u>ST. AUGUSTINE FL 32084</u> CITY-ST-ZIP TITLE ☐ Delete TITLE NAME SMITH, ERIC ☐ Addition NAME STREET ADDRESS 1712 SEA FAIR DR STREET ADDRESS CITY-ST-ZIP <u>ISAINT AUGUSTINE FL 32084</u> CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 changed, or on an attachment with an address, with all other like empowered. SIGNATURE: