

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 07, 2005 8:00 am
Secretary of State

03-07-2005 90259 021 ****61.25

DOCUMENT # N02000000965

1. Entity Name

SEA ISLAND CONDOMINIUM I ASSOCIATION, INC.



Principal Place of Business

C/O ROBERT L TANKEL, ESQ.
1022 MAIN ST, SUITE D
DUNEDIN FL 34698

Mailing Address

C/O ROBERT L TANKEL, ESQ.
1022 MAIN ST, SUITE D
DUNEDIN FL 34698

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

59-1689715

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

TANKEL, ROBERT L
1022 MAIN ST, SUITE D
DUNEDIN FL 34698

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. I am familiar with, and accept the obligations of registered agent.

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
Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE STD ☐ Delete
NAME BAXTER, ROGER
STREET ADDRESS 400 LARBOARD WAY #104
CITY-ST-ZIP CLEARWATER BEACH FL 33767

TITLE PD ☐ Delete
NAME PEREZ, FRANK
STREET ADDRESS 400 LARBOARD WAY #103
CITY-ST-ZIP CLEARWATER BEACH FL 33767

TITLE VP ☒ Delete
NAME BOUFFARD, PAUL
STREET ADDRESS 421 PALM ISLAND SE
CITY-ST-ZIP CLEARWATER BEACH FL 33767

TITLE STD ☒ Delete
NAME SMYTH, GALE
STREET ADDRESS 8 COMMANCHE DR
CITY-ST-ZIP NE PEAN ON k237-f6e9

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE STD ☐ Change ☒ Addition
NAME JOSEPH T. WINK #105
STREET ADDRESS 400 LARBOARD WAY
CITY-ST-ZIP CLEARWATER BEACH, FL 33767

TITLE STD ☐ Change ☒ Addition
NAME AICY EVANS
STREET ADDRESS 400 LARBOARD WAY #108
CITY-ST-ZIP CLEARWATER BEACH, FL 33767

TITLE STD ☐ Change ☒ Addition
NAME AUSTIN CLINE
STREET ADDRESS 400 LARBOARD WAY #204
CITY-ST-ZIP CLEARWATER BEACH, FL 33767

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

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

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: FRANK PEREZ - PRESIDENT 3/1/2005 (727)446-9626
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #