

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 31, 2003 8:00 am**  
**Secretary of State**

01-31-2003 90375 039 \*\*\*\*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**

**90014832**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2486863**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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**

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**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VD** ☒ Delete  
NAME **RIDDLE, NAOMI**  
STREET ADDRESS **532 KENYON ROAD**  
CITY-ST-ZIP **ORLANDO FL 32810**

TITLE **VICE-PRESIDENT** ☐ Change ☒ Addition  
NAME **GEORGE STANLEY**  
STREET ADDRESS **122 STONEHILL DRIVE**  
CITY-ST-ZIP **MAITLAND, FL 32751**

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 **SMITH, JULIA**  
STREET ADDRESS **1174 HOLLOW PINE DRIVE**  
CITY-ST-ZIP **OVEDO FL 32765**

TITLE **SECRETARY** ☒ Change ☐ Addition  
NAME **JULIA SMITH**  
STREET ADDRESS **2121 HILL STREET, #5A**  
CITY-ST-ZIP **NEW SMYRNA BEACH, FL 32169**

TITLE **AD** ☐ Delete  
NAME **BRODRICK, CAROL**  
STREET ADDRESS **16 STONE GATE NORTH**  
CITY-ST-ZIP **LONGWOOD FL 32779**

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

TITLE **D** ☐ Delete  
NAME **RANDALL, MARK**  
STREET ADDRESS **222 COACHMANS COVE**  
CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32701**

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

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 T. O'Brien* **REQUIRED**

*1/24/03*

CR2E037 (10/02)