

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 711706

1. Entity Name

SEASIDE GARDENS CIVIC ASSOCIATION, INC.

Principal Place of Business

462 63RD ST
HOLMES BEACH FL 34217
US

Mailing Address

P.O. BOX 1603
HOLMES BEACH FL 34218-1603

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

59-1202374

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

EDWARDS, LEE R
462 63RD ST
HOLMES BEACH FL 34217

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

Lee R Edwards

1/7/00

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 DS
NAME SKENE, WYLA
STREET ADDRESS 462 62ND ST
CITY-ST-ZIP HOLMES BEACH FL 34217 ☐ Delete

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

TITLE PD
NAME EDWARDS, LEE R
STREET ADDRESS 462 63RD ST
CITY-ST-ZIP HOLMES BEACH FL 34217 ☐ Delete

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

TITLE VPD
NAME BETTIN, RICHARD
STREET ADDRESS 444 62ND STREET
CITY-ST-ZIP HOLMES BEACH FL 34217 ☐ Delete

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

TITLE D
NAME YOUNG, DAVID
STREET ADDRESS 11 SEASIDE CT
CITY-ST-ZIP HOLMES BEACH FL 34217 ☐ Delete

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

TITLE VPD
NAME ZADAROSNI, JEFFERY
STREET ADDRESS 440 62ND ST
CITY-ST-ZIP HOLMES BEACH FL 34217 ☐ Delete

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

TITLE STD
NAME HAAS-MARTENS, SANDRA K
STREET ADDRESS 464 63RD ST
CITY-ST-ZIP HOLMES BEACH FL 34217 ☐ Delete

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

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: Sandra K Haas-Martens 1/7/00 941-778-7888

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)