

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 717177

1. Entity Name

SEAGATE OF HIGHLAND CONDOMINIUMS, INC.

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90048 032 ****61.25

Principal Place of Business

Mailing Address

SEAGATE OF HIGHLAND
 HIGHLAND BEACH FL 33487
 US

3224 S OCEAN BLVD
 HIGHLAND BEACH FL 33487-2508
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1441222

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

GREKOWICZ, STEVEN
 3224 S OCEAN BLVD
 HIGHLAND BEACH FL 33487

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

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 NAME STREET ADDRESS CITY-ST-ZIP	PD SHOOKS, JOHN 3224 S OCEAN BLVD HIGHLAND BCH FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VP CARLSON, GEORGE 3224 S OCEAN BLVD HIGHLAND BEACH FL 33487	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SVENSTRUP, ROSALIND 3224 S OCEAN BLVD HIGHLAND BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GOLDSTEIN, ELIAS 3310 S OCEAN BLVD HIGHLAND BCH FL 33487	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KOUMAS, CHRIS 3224 S OCEAN BLVD HIGHLAND BCH FL 33487	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE PD NAME STREET ADDRESS CITY-ST-ZIP	KOUMAS, Chris 3224 S. Ocean Blvd Highland Beach, FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE 2VP NAME STREET ADDRESS CITY-ST-ZIP	Bury, John 3224 S. Ocean Blvd Highland Beach, FL 33487	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE VP NAME STREET ADDRESS CITY-ST-ZIP	Babe Emerson 3310 South Ocean Blvd Highland Beach, FL 33487	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE T NAME STREET ADDRESS CITY-ST-ZIP	Geroge Carlson 3300 South Ocean Blvd Highland Beach, FL 33487	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE Sec NAME STREET ADDRESS CITY-ST-ZIP	Charlie Zickler 3212 South Ocean Blvd Highland Beach, FL 33487	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Charles R. Zickler, Secretary

4.17.00 (561) 276-5130

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR25037 (9/99)