

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2001 8:00 am
Secretary of State

02-21-2001 90024 009 ****61.25

DOCUMENT # 717177

1. Entity Name

SEAGATE OF HIGHLAND CONDOMINIUMS, INC.

Principal Place of Business

**SEAGATE OF HIGHLAND
 HIGHLAND BEACH FL 33487
 US**

Mailing Address

**3224 S OCEAN BLVD
 HIGHLAND BEACH FL 33487
 US**

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

59-1441222

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

**GREGOWICZ, STEVEN
 3224 S OCEAN BLVD
 HIGHLAND BEACH FL 33487**

Name **MICHAEL J. GELFAND % GELFAND & LARPE, P.A.**

Street Address (P.O. Box Number is Not Acceptable)
ONE CLEARLAKE CENTRE, SUITE 1010

WEST 250 SOUTH AUSTRALIAN AVENUE

City **WEST PALM BEACH, FL** Zip Code **33401-5014**

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

2/9/01

**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 **PD** ☐ Delete
 NAME **KOUMAS, CHRIS**
 STREET ADDRESS **3224 S OCEAN BLVD**
 CITY-ST-ZIP **HIGHLAND BCH FL**

TITLE ☐ Change ☐ Addition
 NAME **TERESA WOOD/D** ☒ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **2VP** ☐ Delete
 NAME **CARLSON, GEORGE**
 STREET ADDRESS **3224 S OCEAN BLVD**
 CITY-ST-ZIP **HIGHLAND BEACH FL 33487**

TITLE ☐ Change ☒ Addition
 NAME **Babe Emerson**
 STREET ADDRESS **3224 So. Ocean Blvd**
 CITY-ST-ZIP **Highland Beach FL 33487**

TITLE **VP** ☒ Delete
 NAME **SVENSTRUP, ROSALIND**
 STREET ADDRESS **3224 S OCEAN BLVD**
 CITY-ST-ZIP **HIGHLAND BEACH FL**

TITLE ☐ Change ☒ Addition
 NAME **Charles Zickler**
 STREET ADDRESS **3224 So. Ocean Blvd**
 CITY-ST-ZIP **Highland Beach FL 33487**

TITLE **T** ☒ Delete
 NAME **CARLSON, GEROGE**
 STREET ADDRESS **3300 SOUTH OCEAN BLVD**
 CITY-ST-ZIP **HIGHLAND BEACH FL 33487**

TITLE ☐ Change ☒ Addition
 NAME **Charles Zickler**
 STREET ADDRESS **3224 So. Ocean Blvd**
 CITY-ST-ZIP **Highland Beach FL 33487**

TITLE **T** ☒ Delete
 NAME **KOUMAS, CHRIS**
 STREET ADDRESS **3224 S OCEAN BLVD**
 CITY-ST-ZIP **HIGHLAND BCH FL 33487**

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

TITLE **2VP** ☐ Delete
 NAME **BURY, JOHN**
 STREET ADDRESS **3224 S OCEAN BLVD**
 CITY-ST-ZIP **HIGHLAND BEACH FL 33487**

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:

CHRIS KOUMAS REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)