

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 725606

1. Entity Name

SEA PINES CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

6925-6951 GULF OF MEXICO DR.
LONGBOAT KEY FL 34228
US

Mailing Address

5500 MARINA DR
SUITE ONE
HOLMES BEACH FL 34217
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

59-1482572

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

SOKOL, C. ROBERT
6951 GULF OF MEXICO DR
SARASOTA FL 33577

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 DP ☒ Delete
NAME TRUIT, G
STREET ADDRESS 6948 GULF OF MEXICO 11
CITY-ST-ZIP LONGBOAT KEY FL

TITLE DP ☐ Change ☒ Addition
NAME Tom King
STREET ADDRESS 8471 Weatherfield Ln
CITY-ST-ZIP Cincinnati, OH 45236

TITLE DVP ☒ Delete
NAME GREWE, BOB
STREET ADDRESS 8007 GRAVES RD
CITY-ST-ZIP CINCINNATI OH

TITLE DVP ☐ Change ☒ Addition
NAME Harold Andersen
STREET ADDRESS 3619 Overlook Terrace
CITY-ST-ZIP Bermus Point, NY 14712

TITLE DT ☒ Delete
NAME STEIN, H
STREET ADDRESS 11 DOVER DR
CITY-ST-ZIP OAKBROOK IL 60521

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

TITLE D ☐ Delete
NAME FOSTER, TOM
STREET ADDRESS PO BOX 327
CITY-ST-ZIP YORK TOWN VA

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

TITLE DT ☒ Delete
NAME GIEVER, ALAN
STREET ADDRESS 7400 S SERELDA DR
CITY-ST-ZIP SARASOTA FL

TITLE DT ☐ Change ☒ Addition
NAME Wayne Kimmel
STREET ADDRESS 10013 Road 253 L.
CITY-ST-ZIP Lakeview, OH 43331

TITLE ☐ Delete
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/01 941 3835178

Date

Daytime Phone #

CR2E037 (10/00)