

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 725606

1. Entity Name

SEA PINES CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Mar 15, 2002 8:00 am**  
**Secretary of State**

03-15-2002 90020 005 \*\*\*\*61.25

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

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

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

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

7. Name and Address of New Registered Agent

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

TITLE NAME ☐ Delete  
DVP  
ANDERSEN, HAROLD  
STREET ADDRESS 3619 OVERLOOK TERRACE  
CITY-ST-ZIP BEMUS POINT NY 14712

TITLE NAME ☐ Delete  
DT  
KIMMEL, WAYNE  
STREET ADDRESS 10013 ROAD 253 L  
CITY-ST-ZIP LAKEVIEW OH 43331

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

TITLE NAME ☐ Delete  
DP  
KING, TOM  
STREET ADDRESS 8471 WEATHERFIELD LN  
CITY-ST-ZIP CINCINNATI OH 45236

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

TITLE NAME ☐ Change ☐ Addition  
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

Date

Daytime Phone #

3-5-02

941.3835178

CR2E037 (9/01)