

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2003 8:00 am
Secretary of State

5/

05-02-2003 90230 035 *****61.25

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

55044989



☒ CHECK HERE IF MAKING CHANGES

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
WILLEN, MORTON I. ☒ Change ☐ Addition
67 Bayview Ave
Northport N.Y. 11768 **DP**

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

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

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Diane Hebard ☐ Change ☒ Addition
172 Bridal path
Orchard Park, NY 14127

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ 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:

Signature of Willen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-03
Date

(631) 261-2013
(941) 383-9750
Daytime Phone #

CR2E037 (10/02)