## **2002 UNIFORM BUSINESS REPORT (UBR)**

## **FILED** Feb 08, 2002 8:00 am Secretary of State **DOCUMENT # 733360** SEA ISLE CONDOMINIUM ASSOCIATION, INC. 02-08-2002 90005 018 \*\*\*\*61.25 Principal Place of Business Mailing Address 1101 W. OCEAN DRIVE P. O. BOX 510151 P.O.BOX 151 KEY COLONY BEACH FL 33051 pnn13833 KEY COLONY BEACH FL 33051 US 2. Principal Place of Business 3. Mailing Address Suite Apt # etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2252200 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 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) PIERCE, CHARLOTTE S 8042 PORPOISE DR MARTHON FL 33051 Zip Code FL 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 9. Election Campaign Financing **\$5.00** May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Department of State Added to Fees G. 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE DT ☐ Delete TITLE Change Addition A NAME BOWER, JEAN NAME HOL Ocaan STREET ADDRESS STREET ADDRESS 1101 OCEAN DRIVE CITY-ST-ZIP CITY-ST-ZIP 4 Colony KEY COLON BEACH FL ☐ Delete ☐ Change Addition TITLE SD TITLE NAME THOMAS, SHARON NAME STREET ADDRESS STREET ADDRESS 1101 OCEAN DRIVE CITY-ST-ZIP CITY-ST-ZIP KEY COLONY BEACH FL TITLE **Delete** TITLE ☐ Addition NAME HAMILTON, MARGE NAME STREET ADDRESS STREET ADDRESS 1101 OCEAN DRIVE CITY-ST-ZIP CITY-ST-ZIP KEY COLONY BCH FL 33051 Delete ☐ Change ☐ Addition TITLE GILBERT, BUD STREET ADDRESS STREET ADDRESS 1101 OCEAN DR CITY-ST-ZIP CITY-ST-ZIP KEY COLONY BEACH FL 33051 ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME

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.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS