

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 734320**

1. Entity Name

SEAHORSE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

955 FT PICKENS RD
N
PENSACOLA BEACH FL 32561

Mailing Address

955 FT PICKENS RD
N
PENSACOLA BEACH FL 32561

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-1648564**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required****6. Name and Address of Current Registered Agent**HARRIS, ROBERT K
955 FT PICKENS RD
N
PENSACOLA BEACH FL 32561**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 changing?)

DATE

JAN 5 02**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 **PD** ☐ Delete
NAME **HARRIS, ROBERT K**
STREET ADDRESS **955 FT PICKENS RD**
CITY-ST-ZIP **PENSACOLA BEACH FL 32561**TITLE **D** ☐ Delete
NAME **RICHEY, ROBBIE**
STREET ADDRESS **410 E BELMONT**
CITY-ST-ZIP **PENSACOLA FL 32501**TITLE **D** ☒ Delete
NAME **GRESKOVITCH, VERONICA**
STREET ADDRESS **4320 MONTALVO**
CITY-ST-ZIP **PENSACOLA FL 32504**TITLE **D** ☐ Delete
NAME **WELSH, TED**
STREET ADDRESS **3881 CAPTAINS WAY**
CITY-ST-ZIP **GULF BREEZE FL 32561**TITLE **D** ☐ Delete
NAME **WEEKS, JIM**
STREET ADDRESS **15 CABELLTON LANE**
CITY-ST-ZIP **PENSACOLA FL 32506**TITLE **D** ☐ Delete
NAME **BETH SCHACHNER**
STREET ADDRESS **50 FT. PICKENS Rd**
CITY-ST-ZIP **PENSACOLA BEACH FL 32561****11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☒ Change ☐ Addition
NAME **LINDA SAWYER**
STREET ADDRESS **955 FT. PICKENS Rd "J"**
CITY-ST-ZIP **PENSACOLA BEACH FL 32561**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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

Date

Daytime Phone #

JAN 5 02 850 932-2864