2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2002 8:00 am
Secretary of State
02-27-2002 90048 042 ****70.00

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B00347U3

DO NOT WRITE IN THIS SPACE

DOCUMENT # 737159

1. Entity Name

SEAFARER OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
16401 PERDIDO KEY DRIVE PENSACOLA FL 32507	16401 PERDIDO KEY DRIVE PENSACOLA FL 32507

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 59-1755115 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired XXXX ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HIXON, FRANK
16401 PERDIDO KEY DR.
PENSACOLA FL 32507

7. Name and Address of New Registered Agent

Name: Dennis, Alan

Street Address (P.O. Box Number is Not Acceptable): ~~16401 Perdido Key Dr.~~

City: ~~Pensacola, FL. 32507~~ 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: Dennis, Alan Pres — 02-14-02

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	VP BOYD, CHARLES 16401 PERDIDO KEY DR. PENSACOLA FL 32507	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Dennis, Alan 16401 Perdido Key Dr. Pensacola, FL. 32507	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T YEAKLE, RONALD 16401 PERDIDO KEY DR. PENSACOLA FL 32507	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Hixon, Frank 16401 Perdido Key Dr. Pensacola, FL. 32507	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T GRACE, LINDA 16401 PERDIDO KEY PENSACOLA FL 32507	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Keele, Robert 16401 Perdido Key Dr. Pensacola, FL. 32507	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD LEWIS, CLAUDIA 16401 PERDIDO KEY DR. PENSACOLA FL 32507	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Corey, John 16401 Perdido Key Dr. Pensacola, FL. 32507	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P HIXON, FRANK 16401 PERDIDO KEY DR PENSACOLA FL 32507	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Schwartz, David 16401 Perdido Key Dr. Pensacola, FL. 32507	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Burr, Bede 16401 Perdido Key Dr. Pensacola, FL. 32507	☒ Change ☐ Addition

CR2E037 (9/01)

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: Alan Dennis RE — 02-14-02 — 850/492 0822

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #