

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 739517

1. Entity Name

SEA CLUB I HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

4141 GULF OF MEXICO DRIVE
LONGBOAT KEY FL 34228

4141 GULF OF MEXICO DRIVE
LONGBOAT KEY FL 34228-2605

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

59-1796783

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

HEINTZ, STEVE
2424 MANATEE AVENUE WEST
SUITE 201
BRADENTON FL 34205

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete
NAME KOKSAL, TUNCER
STREET ADDRESS 210 22ND ST NE
CITY-ST-ZIP BRADENTON FL 34208

TITLE D ☐ Change ☒ Addition
NAME FRANK GILCHRIST
STREET ADDRESS 1105 MOTORCOACH DR.
CITY-ST-ZIP POLK CITY, FL 33868

TITLE VP ☒ Delete
NAME FORSHEY, PAT
STREET ADDRESS 3701 14TH ST WEST
CITY-ST-ZIP BRADENTON FL 34205

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

TITLE D ☐ Delete
NAME DUNKLEBERGER, CINDY
STREET ADDRESS 12294 GINGERWOOD LN
CITY-ST-ZIP WEST PALM BCH FL 33414

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

TITLE D ☐ Delete
NAME ACHRE, PAUL
STREET ADDRESS 695 KOONCE ROAD
CITY-ST-ZIP HERMITAGE PA 16148

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

TITLE VP ☐ Delete
NAME SMITH, ROGER
STREET ADDRESS 1313 STAGECOACH RD SE
CITY-ST-ZIP ALBUERQUE NE 87123

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

TITLE D ☐ Delete
NAME GREEN, RONALD
STREET ADDRESS 6420 W 151 STREET
CITY-ST-ZIP OAK FOREST IL

TITLE ☐ 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: X SECRETARY REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-21-00 941-383-2431

FILED
Mar 23, 2000 8:00 am
Secretary of State

03-23-2000 90018 037 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)