

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

04-17-2002 90060 012 ****61.25

DOCUMENT # 742503

1. Entity Name

SEA CLUB II HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business 5965 MIDNIGHT PASS ROAD SARASOTA FL 34242.	Mailing Address 5965 MIDNIGHT PASS ROAD SARASOTA FL 34242
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1873189	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CLARK, WILLIAM D 479 ALBEE FARM ROAD VENICE FL 34292	7. Name and Address of New Registered Agent Name Joe Kinney Street Address (P.O. Box Number is Not Acceptable) 2952 WOODBINE CR. City SARASOTA FL Zip Code 34231
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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 *Joe Kinney* **JOE Kinney Cam** DATE **4-2-02**

Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

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 PD O'REILLY, FRANCIS C 448 LOIS DRIVE PITTSBURGH PA	<input checked="" type="checkbox"/> Delete	TITLE NAME PD MARK PETERSI 30 WOODSHILL RD WOODHEESVILLE, NY 12186	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME SD NUTTLE, TED 2401 STANNYE CT LOUISVILLE KY	<input type="checkbox"/> Delete	TITLE NAME CAM JOE KINNEY 2952 WOODBINE CR. SARASOTA FL 34231	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME CAM BISSETT, PAMELA ANN 5965 MIDNIGHT PASS ROAD SARASOTA FL 34242-8707	<input checked="" type="checkbox"/> Delete	TITLE NAME D CHRISTINE ADAMS 3816 E FOREST DRIVE SARASOTA FL 34232	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME D JOHN CLABY 1800 STICKNEY PT ROAD SARASOTA FL 34231	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 817, 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: *Joe Kinney* **JOE Kinney Cam** DATE **4-2-02** DAYTIME PHONE # **941-349-0760**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/01)