

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2002 8:00 am
Secretary of State

02-03-2002 90008 037 *****70.00

DOCUMENT # 744666

1. Entity Name

THE SEA OATS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

4570 OCEAN BEACH BLVD.
COCOA BEACH FL 32931

4570 OCEAN BEACH BLVD.
COCOA BEACH FL 32931

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2022117

Applied For

Not Applicable

Zip

Country

Zip

Country

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

THERIAC, JAMES
96 WILLARD ST
COCOA FL 32922

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 ☐ Delete
NAME **PL V/D**
STREET ADDRESS **CARFAGNO, PAT**
CITY-ST-ZIP **4570 OCEAN BEACH BLVD #28**
COCOA BCH FL

TITLE ☐ Change ☒ Addition
NAME **D**
STREET ADDRESS **GENE RUBATTINO**
CITY-ST-ZIP **4570 OCEAN BEACH BLVD #15**
COCOA BEACH FL 32931

TITLE ☒ Delete
NAME **SD**
STREET ADDRESS **NELSON, JERRY**
CITY-ST-ZIP **4570 OCEAN BEACH BLVD #46**
COCOA BCH FL

TITLE ☐ Change ☒ Addition
NAME **D**
STREET ADDRESS **PEGGY PURCELL**
CITY-ST-ZIP **4570 OCEAN BEACH BLVD #31**
COCOA BEACH FL 32931

TITLE ☐ Delete
NAME **SD**
STREET ADDRESS **CORNELIUS, JAMES**
CITY-ST-ZIP **4570 OCEAN BCH BLVD #22**
COCOA BCH FL 32931

TITLE ☐ Change ☒ Addition
NAME **PD**
STREET ADDRESS **JUDITH MAROLDA**
CITY-ST-ZIP **4570 OCEAN BEACH BLVD #25**
COCOA BEACH FL 32931

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **RISLEY, ALBERT**
CITY-ST-ZIP **4570 OCEAN BEACH BLVD #7**
COCOA BEACH FL 32931

TITLE ☐ Change ☒ Addition
NAME **PD**
STREET ADDRESS **EVELYN BAUMANN**
CITY-ST-ZIP **4570 OCEAN BEACH BLVD #30**
COCOA BEACH FL 32931

TITLE ☒ Delete
NAME **D**
STREET ADDRESS **MCMANARA, EDWARD**
CITY-ST-ZIP **4570 OCEAN BEACH BLVD #14**
COCOA BEACH FL 32931

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

TITLE ☐ Delete
NAME **PD**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME **D**
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:

321 783 0525
EVELYN BAUMANN 1/8/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)