

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90046 026 ****61.25

DOCUMENT # 745876

1. Entity Name:
SEA CLUB III HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business: **5591 GULF OF MEXICO DR LONGBOAT KEY FL 34228 US**
 Mailing Address: **3402 50TH STREET WEST BRADENTON FL 34209**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

City & State: **BRADENTON FL**
 City & State: **BRADENTON FL**

4. FEI Number: **59-1512637**
 Applied For: Not Applicable

Zip: **34228** Country: **US**
 Zip: **34209** Country: **US**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
CATT, SHARON
3402 50TH STREET WEST
BRADENTON FL 34209

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: _____ DATE: _____
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	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BORIOSI, GUIDO	NAME	
STREET ADDRESS	321 SPRUCE ST., 4TH FLOOR	STREET ADDRESS	
CITY-ST-ZIP	SCRANTO PA	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRISDALE, GEORGE	NAME	
STREET ADDRESS	715 WIMBELTON	STREET ADDRESS	
CITY-ST-ZIP	BIRMINGHAM MI	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DONALD LANGE	NAME	
STREET ADDRESS	714 WOODWARD AVE	STREET ADDRESS	
CITY-ST-ZIP	MADISON WI	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORI, GINO	NAME	
STREET ADDRESS	227 PENN AVENUE	STREET ADDRESS	
CITY-ST-ZIP	SCRANTON PA	CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GLEVA, PAUL	NAME	
STREET ADDRESS	FORTY-SIX PUBLIC SQUARE	STREET ADDRESS	
CITY-ST-ZIP	WILKES-BARRE PA	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN, ROBERT	NAME	
STREET ADDRESS	57 HIGHLAND ST	STREET ADDRESS	
CITY-ST-ZIP	HOLDEN MA	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: **P. GLEVA** **REQUIRED** 11/9/02 570.820.0137
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2E037 (9/01)