


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90034 039 ****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**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country

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

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	BORIOSI, GUIDO	
STREET ADDRESS	321 SPRUCE ST., 4TH FLOOR	
CITY-ST-ZIP	SCRANTO PA	
TITLE	D	<input type="checkbox"/> Delete
NAME	GRISDALE, GEORGE	
STREET ADDRESS	715 WIMBELTON	
CITY-ST-ZIP	BIRMINGHAM MI	
TITLE	D	<input type="checkbox"/> Delete
NAME	DONALD LANGE	
STREET ADDRESS	714 WOODWARD AVE	
CITY-ST-ZIP	MADISON WI	
TITLE	D	<input type="checkbox"/> Delete
NAME	MORI, GINO	
STREET ADDRESS	227 PENN AVENUE	
CITY-ST-ZIP	SCRANTON PA	
TITLE	P	<input type="checkbox"/> Delete
NAME	GLEVA, PAUL	
STREET ADDRESS	FORTY-SIX PUBLIC SQUARE	
CITY-ST-ZIP	WILKES-BARRE PA	
TITLE	D	<input type="checkbox"/> Delete
NAME	MARTIN, ROBERT	
STREET ADDRESS	57 HIGHLAND ST	
CITY-ST-ZIP	HOLDEN MA	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Paul Gleva* **SIGNATURE REQUIRED** 1/17/03 570.820.0137

CR2E037 (10/02)