

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 02, 2001 8:00 am
Secretary of State

03-02-2001 90059 009 ****61.25

DOCUMENT # 749393
1. Entity Name
SEAGATE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business 19418 GULF BLVD INDIAN SHORE FL 33785 US	Mailing Address PAREKH. COMMONS & CO 2700 EASTBAY DRIVE 107 LARGO FL 3371 US
--	---

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State



DO NOT WRITE IN THIS SPACE

Zip	Country	Zip	Country
-----	---------	-----	---------

4. FEI Number **59-2143789**

Applied For	Not Applicable
-------------	----------------

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

6. Name and Address of Current Registered Agent
WEYLIE, WALLACE J.D.
350 GULF BLVD
INDIAN ROCKS BEACH FL 33705

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State: 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ **DATE** _____

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	S	<input type="checkbox"/> Delete
NAME	CARPENTER, SUSAN	
STREET ADDRESS	P O BOX 17488	
CITY-ST-ZIP	CLEARWATER FL 33762	
TITLE	PD	<input type="checkbox"/> Delete
NAME	WEYLIE, J.D. WALLACE	
STREET ADDRESS	19418 GULF BLVD #401	
CITY-ST-ZIP	INDIAN SHORES FL 33785	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	SORACE, RICHARD A.	
STREET ADDRESS	16502 AVILA BLVD	
CITY-ST-ZIP	TAMPA FL 33613	
TITLE	D	<input type="checkbox"/> Delete
NAME	HILL, CHARLES	
STREET ADDRESS	185 BELLAC	
CITY-ST-ZIP	TALLAHASSEE FL 32303	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	MITCHENER, DONALD G	
STREET ADDRESS	RR #2 60 MEADOW DR	
CITY-ST-ZIP	HAMPTON, N.B. CANADA	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DONALD HUCKLE	
STREET ADDRESS	19418 GULF BLVD. # 503	
CITY-ST-ZIP	INDIAN SHORES, FL 33785	
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: *Wallace J.D. Wylie* **WALLACE J.D. WEYLIE** **02/26/01** **727-596-9179**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)