

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 749406

1. Entity Name

SEA FERN CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Jan 18, 2000 8:00 am**  
**Secretary of State**

01-18-2000 90033 023 \*\*\*\*61.25

Principal Place of Business Mailing Address  
3807 S. ATLANTIC AVE. 3807 S. ATLANTIC AVE.  
DAYTONA BEACH SHORES FL 32127 DAYTONA BEACH SHORES FL 32127-5757

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2086173

Applied For

Not Applicable

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

HAUGHWOUT, RICHARD  
3807 S. ATLANTIC AVE. #204  
DAYTONA BEACH SHORES FL 32127

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	PD	<input type="checkbox"/> Delete
NAME	HAUGHWOUT, RICHARD A	
STREET ADDRESS	3807 S. ATLANTIC AVE. #204	
CITY-ST-ZIP	DAYTONA BEACH SHORES FL	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	OHERS, JOHN	
STREET ADDRESS	359 S. 54 COURT	
CITY-ST-ZIP	OCALA FL 34471	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HILLIARD, SHARON	
STREET ADDRESS	4882 S.W. 1ST AVENUE	
CITY-ST-ZIP	OCALA FL 34480	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	YARLOTT, BRENDA	
STREET ADDRESS	8252 S.E. 21ST AVENUE	
CITY-ST-ZIP	OCALA FL 34480	
TITLE	<del>VPD</del>	<input type="checkbox"/> Delete
NAME	<del>HAUGHWOUT, RICHARD A</del>	
STREET ADDRESS	<del>3807 S. ATLANTIC AVE. #204</del>	
CITY-ST-ZIP	<del>DAYTONA BEACH SHORES FL 32127</del>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAUGHWOUT, RICHARD A	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Clayton Frear	
STREET ADDRESS	3807 S. Atlantic Ave #404	
CITY-ST-ZIP	Daytona Beach Shores, FL 32127	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Vivian Boone	
STREET ADDRESS	9136 Bay Hill Blvd	
CITY-ST-ZIP	Orlando, FL 32819	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jamie Boone	
STREET ADDRESS	9136 Bay Hill Blvd	
CITY-ST-ZIP	Orlando, FL 32819	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-5-00

904-736-0227

Date

Daytime Phone #

CR2E037 (9/99)