FILED

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

## Jan 24, 2003 8:00 am **Secretary of State** DOCUMENT # **749406** 01-24-2003 90076 030 \*\*\*\*61.25 1. Entity Name SEA FERN CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 3807 S. ATLANTIC AVE. 3807 S. ATLANTIC AVE. DAYTONA BEACH SHORES FL 32127 DAYTONA BEACH SHORES FL 32127 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State Applied For 4. FEI Number 59-2086173 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent FREAR, CLAYTON G Street Address (P.O. Box Number is Not Acceptable) 3807 S. ATLANTIC AVE. #404 DAYTONA BEACH SHORES FL 32127 City 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 (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <u>11.</u> PD TITLE ☐ Addition TITLE ☐ Delete ☐ Change FREAR, CLAYTON G NAME. NAME STREET ADDRESS STREET ADDRESS 3807 S ATLANTIC AVE #404 CITY-ST-ZIP CITY-ST-ZIP DAYTONA BEACH FL 32127 ☐ Change ☐ Addition ☐ Delete JITLE TITLE. BOONE, VIVIAN NAMF NAME STREET ADDRESS STREET ADDRESS 9136 BAYHILL BLVD CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32819 Delete TITLE ☐ Change ☐ Addition TITLE TENNIS. HELEN NAME NAME STREET ADDRESS **525 OLOLU DRIVE** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WINTER PARK FL 32789 TITLE ☐ Addition TITLE ☐ Delete ☐ Change BRIGIN, T.J. NAME NAME STREET ADDRESS 3807 S ATLANTIC AVE #304 STREET ADDRESS ; CITY-ST-ZIP CITY-ST-ZIP DAYTONA BEACH SHORES FL 32127 TITLE Delete TITLE ☐ Change ☐ Addition NAME . NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE: