## **2001 UNIFORM BUSINESS REPORT (UBR)**

Mailing Address

## DOCUMENT # 750629

Entity Name

Principal Place of Business

## SEA OATS OF REDINGTON SHORES CONDOMINIUM ASSOCIA

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

17500 GULF BLVD 2700 E BAY DR REDINGTON SHORES FL 33708 723993 #107 LARGO FL 33771 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-2167586 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) PARKER, JIM 16401 GULF BLVD **REDINGTON BEACH FL 33708** City Zip Code Fl 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: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. FEE IS \$61.25 Added to Fees Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 Vice President TITLE TITLE Change Delete Addition NAME BENTLEY, CATHI NAME Kathi Bentley STREET ADDRESS STREET ADDRESS 12509 SUGAR PINE 17500 Gulf Blvd., #507 CITY-ST-7IP CITY-ST-ZIP **TAMPA FL 33624** Redington Shores, FL 33708 TITLE PD ☐ Delete TITLE Secretary NAME HATCH, LINDA NAME Carol Saunders STREET ADDRESS 17500 GULF BLVD #205 STREET ADDRESS 5081 Sweet Leaf Court CITY-ST-7IP CITY-ST-ZIP **REDINGTON SHORES FL 33708** Bartow, FL 33830 TITLE ☑ Delete TITLE Change Addition Director NAME BOHNE, ERNEST Maribel Gonzalvo STREET ADDRESS 3019 MANOR ST STREET ADDRESS 84 Martinique Avenue CITY-ST-ZIP CITY-ST-ZIP YORKTOWN HEIGHTS NY 10598 Tampa, FL 33606 TITLE D Delete TITLE Change √ Addition Director NAME PARKER, JIM NAME Rudy Matthews STREET ADDRESS STREET ADDRESS 16401 GULF BLVD P.O. Box 1352 CITY-ST-7IF CITY-ST-ZIP **REDINGTON SHORES FL 33708** <del>Lutz, FL 33549</del> TITLE Change ST ☐ Delete TITLE ☐ Addition NAME BENTLY, KATHI NAME STREET ADDRESS 17500 GULF BLVD # 507 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **REDINGTON SHORES FL 33708** Delete TITLE ☐ Change ☐ Addition NAME SAUNDERS, TOM NAME STREET ADDRESS STREET ADDRESS **5081 SWEET LEAF CT** CITY-ST-ZIP CITY-ST-7IP REDINGTON FL 33708 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

FILED Mar 05, 2001 8:00 am

Secretary of State

03-05-2001 90277 009 \*\*\*\*61.25

Daytime Phone #

Date