

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 750629

1. Entity Name

SEA OATS OF REDINGTON SHORES CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

17500 GULF BLVD
REDINGTON SHORES FL 33708
US

2700 E BAY DR
#107
LARGO FL 33771
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02 APR 30 AM 8:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2167586

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

Name

Linda Hatch

Street Address (R.O. Box Number is Not Acceptable)

17500 Gulf Boulevard #205

City

Redington Shores

FL

Zip Code

33708

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

Linda Hatch

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-20-02

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 NAME STREET ADDRESS CITY-ST-ZIP	D BENTLEY, KATHI 17500 GULF BLVD. # 507 REDINGTON SHORES FL 33708	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HATCH, LINDA 17500 GULF BLVD #205 REDINGTON SHORES FL 33708	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SAUNDERS, CAROL 5081 SWEET LEAF COURT BARTOW FL 33830	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GONZALVO, MARIBEL 84 MARTINIQUE AVENUE TAMPA FL 33606	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BENTLY, KATHI 17500 GULF BLVD # 507 REDINGTON SHORES FL 33708	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MATTHEWS, RUDY P.O. BOX 1352 LUTZ FL 33549	☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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

Linda Hatch

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-02

Date

727.398-277

Daytime Phone #

CR2E037 (9/01)