

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

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90166 034 ****61.25

DOCUMENT # 750651

1. Entity Name

SEA GRAPE PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business

**14538 SW 119 AVENUE
MIAMI FL 33186**

Mailing Address

**14275 SW 142 AVE
MIAMI FL 33186
US**

2. Principal Place of Business

3. Mailing Address

PO Box 1613

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Homestead FL

Zip

Country

Zip

Country

33090-1613 USA

4. FEI Number **59-2495004**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SYKES, JOHN

8605 FRANJO RD

ATTN: SEAGRAPE PROPERTY OWNERS ASSOCIATION POA

MIAMI FL 33189

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **S** ☐ Delete
NAME **GOOSTREE, LINDA**
STREET ADDRESS **20410 SW 85 AVE**
CITY-ST-ZIP **MIAMI FL**

TITLE **D** ☐ Change ☒ Addition
NAME **HERRERA, DULCE**
STREET ADDRESS **20432 SW 85 AVE**
CITY-ST-ZIP **MIAMI, FL 33189**

TITLE **DP** ☒ Delete
NAME **REVELLA, JOAN**
STREET ADDRESS **8647 FRANJO ROAD**
CITY-ST-ZIP **MIAMI FL**

TITLE **D** ☐ Change ☒ Addition
NAME **PAUL, MARCEA**
STREET ADDRESS **8633 FRANJO ROAD**
CITY-ST-ZIP **MIAMI, FL 33189**

TITLE **TD** ☐ Delete
NAME **SYKES, JOHN**
STREET ADDRESS **8605 FRANJO ROAD**
CITY-ST-ZIP **MIAMI FL**

TITLE **D** ☐ Change ☒ Addition
NAME **JOHNSON, Debbie**
STREET ADDRESS **20412 SW 85 AVE**
CITY-ST-ZIP **MIAMI, FL 33189**

TITLE **D** ☒ Delete
NAME **WHITE, JAMES**
STREET ADDRESS **20272 SW 85 AVE**
CITY-ST-ZIP **MIAMI FL**

TITLE **D** ☐ Change ☒ Addition
NAME **JOHNSON, Debbie**
STREET ADDRESS **20412 SW 85 AVE**
CITY-ST-ZIP **MIAMI, FL 33189**

TITLE **VP** ☐ Delete
NAME **TRAIL, JOHNNIE**
STREET ADDRESS **20294 SW 85 AVE**
CITY-ST-ZIP **MIAMI FL**

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

TITLE **P** ☐ Delete
NAME **GOOSTZEE, MICHAEL W**
STREET ADDRESS **20410 SW 85 AVE**
CITY-ST-ZIP **MIAMI FL 33189**

TITLE ☐ Change ☐ 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 REQUIRED JOHN SYKES PRES. 3/18/03 305-233-9446

CR2E037 (10/02)