

2000 UNIFORM BUSINESS REPORT (UBR)

2/1/00-90033-040-\$61.00-\$61.00

DOCUMENT # 751292

1. Entity Name

SEA PINES CONDOMINIUM NO. 1 ASSOCIATION, INC.

Principal Place of Business

1835 NE 169TH STREET
N. MIAMI BCH FL 33162
US

Mailing Address

1835 N.E. 169 ST.
N. MIAMI BEACH FL 33162-3024
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0123156

5. Certificate of Status Desired

Applied For
Not Applicable

\$8.75 Additional
required

6. Name and Address of Current Registered Agent

~~TIFFORD, ARTHUR W., ESQ.~~
~~1805 N.W. 15TH ST.~~
~~MIAMI FL 33125~~

~~KENNETH MCMEANS~~
~~1835 NE 169 ST~~
~~N. MIAMI BEACH FL~~
~~33162~~

Kenneth McMEANS
1835 N.E. 169 St
N. MIAMI BEACH, FL
33162

Code
13162

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

Kenneth McMEANS

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Kenneth McMeans 9/26/00

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	MCMEANS, KENNETH	
STREET ADDRESS	1835 N.E. 169TH ST.	
CITY-ST-ZIP	N. MIAMI BEACH FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	TROPNAS, SHELDANE	
STREET ADDRESS	1845 N.E. 169TH ST.	
CITY-ST-ZIP	N. MIAMI BEACH FL 33162	
TITLE	VD	<input type="checkbox"/> Delete
NAME	POMBO, ORLANDO	
STREET ADDRESS	1835 N.E. 169 ST.	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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8/14/3

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:

Kenneth McMeans
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-27-00

305-940-5216

Date

Daytime Phone #