

**2000 UNIFORM BUSINESS REPORT (UBR)**

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 APR -3 PM 12:37



DO NOT WRITE IN THIS SPACE

**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.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

4. FEI Number **65-0123156**

5. Certificate of Status Desired  **\$8.75** Additional required

6. Name and Address of Current Registered Agent

~~RIFORD, ARTHUR W., ESQ.  
1895 N.W. 19TH 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**

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** *Kenneth McMeans* **9/26/00**

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 Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCMEANS, KENNETH	NAME	
STREET ADDRESS	1835 N.E. 169TH ST.	STREET ADDRESS	<b>500003192065--0</b>
CITY-ST-ZIP	N. MIAMI BEACH FL	CITY-ST-ZIP	<b>-03/31/00--0103--001</b>
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TROPNAS, SHELDANE	NAME	
STREET ADDRESS	1845 N.E. 169TH ST.	STREET ADDRESS	<b>*****0.25</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	N. MIAMI BEACH FL-33162	CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POMBO, ORLANDO	NAME	
STREET ADDRESS	1835 N.E. 169 ST.	STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *Kenneth McMeans* **1-27-00** **305-940-5216**

Signature and typed or printed name of signing officer or director Date Daytime Phone #