

DOCUMENT # 751292
1. Entity Name
SEA PINES CONDOMINIUM NO. 1 ASSOCIATION, INC.

FILED
Jan 12, 2001 8:00 am
Secretary of State

01-12-2001 90016 020 ****61.25

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
US



DO NOT WRITE IN THIS SPACE

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
Applied For
☒ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
MCMEANS, KENNETH
1835 NE 169TH STREET
N. MIAMI BCH FL 33162

7. Name and Address of New Registered Agent
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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP
PD MCMEANS, KENNETH 1835 N.E. 169TH ST. N. MIAMI BEACH FL
SD TROPNAS, SHELDANE 1845 N.E. 169TH ST. N. MIAMI BEACH FL 33162
VD POMBO, ORLANDO 1835 N.E. 169 ST. MIAMI BEACH FL
☐ Delete
☐ Delete
☐ Delete
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE NAME STREET ADDRESS CITY-ST-ZIP
☐ Change ☐ Addition
☐ Change ☐ Addition
☐ Change ☐ Addition
☐ Change ☐ Addition
☐ 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: SIGNATURE REQUIRED *Smith & McMeam* 01/05/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)