

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

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**FILED**  
**Jan 30, 2003 8:00 am**  
**Secretary of State**

01-10-2003 90164 001 \*\*\*\*30.63  
01-10-2003 90164 002 \*\*\*\*30.62

**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  
US**

**55003702**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State

3. Mailing Address  
Suite, Apt. #, etc.  
City & State

4. FEI Number **65-0123156**  
Applied For  
 Not Applicable

Zip Country Zip Country

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

SIGNATURE *Kenneth S. McMeans* **1-7-03**  
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

TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>MCMEANS, KENNETH</b>	
STREET ADDRESS	<b>1835 N.E. 169TH ST.</b>	
CITY-ST-ZIP	<b>N. MIAMI BEACH FL</b>	
TITLE	<del><b>SD</b></del>	<del><input type="checkbox"/> Delete</del>
NAME	<del><b>TROPNAG, SHELDANE</b></del>	
STREET ADDRESS	<del><b>1845 N.E. 169TH ST.</b></del>	
CITY-ST-ZIP	<del><b>N. MIAMI BEACH FL 33162</b></del>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>POMBO, ORLANDO</b>	
STREET ADDRESS	<b>1835 N.E. 169 ST.</b>	
CITY-ST-ZIP	<b>MIAMI BEACH FL</b>	
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	<b>SD</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MARIE Reginald Alexis</b>	
STREET ADDRESS	<b>1845 N.E. 169 street</b>	
CITY-ST-ZIP	<b>NMTB FL 33162</b>	
TITLE	<b>1</b>	<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		

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 S. McMeans* **Kenneth McMEANS** **1-7-03**  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CFR2097 (10/02)