

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 751871

1. Entity Name

SEA TREAT CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**May 10, 2000 8:00 am**  
**Secretary of State**

05-10-2000 90179 028 \*\*\*\*61.25

Principal Place of Business

Mailing Address

2110 GULF BLVD  
 PO BOX 763  
 INDIAN ROCKS BCH FL 33785  
 US

2110 GULF BLVD  
 PO BOX 763  
 INDIAN ROCKS BCH FL 33785-0763  
 US

655584



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2027109

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

7. Name and Address of New Registered Agent

MARION L MILLER  
 155 COE RD  
 BELLEAIR FL FL 33756

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

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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	EMERSON, WILLIAM	
STREET ADDRESS	12005 JOHNSON DRIVE	
CITY-ST-ZIP	SHAWNEE KS 66216	
TITLE	D	<input type="checkbox"/> Delete
NAME	REAM, BENJAMIN	
STREET ADDRESS	2110 GULF BLVD	
CITY-ST-ZIP	INDIAN ROCKS BEACH FL 33785	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MAGES, ELMER	
STREET ADDRESS	10170 EDELWEISS CRCL.	
CITY-ST-ZIP	SHAWNEE MISSION KS	
TITLE	D	<input type="checkbox"/> Delete
NAME	TOMBLIN, WILLIAM	
STREET ADDRESS	1400 GULF BLVD	
CITY-ST-ZIP	CLEARWATER FL 33767	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	BENCOMO, JOAN	
STREET ADDRESS	2202 PARKWOOD DR	
CITY-ST-ZIP	VALRICO FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	MILLER, MARION	
STREET ADDRESS	155 COE RD	
CITY-ST-ZIP	BELLEAIR FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P/D MAGES, ELMER	
STREET ADDRESS	10170 EDELWEISS CRCL	
CITY-ST-ZIP	SHAWNEE MISSION KS 66203	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FERGUSON, THOMAS	
STREET ADDRESS	1810 EAST MAIN ST	
CITY-ST-ZIP	GREENFIELD, IN 46140	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EMERSON, WILLIAM	
STREET ADDRESS	12009 JOHNSON DRIVE	
CITY-ST-ZIP	SHAWNEE KS 66216	
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		

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: *Marion L Miller (Marion L Miller) Secretary 4/29/00 (727) 443-0326*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CF2E037 (9/99)