

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 752323

1. Entity Name

SEA VILLA CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

1425 A1A
SATELLITE BEACH FL 32937

Mailing Address

1425 A1A
SATELLITE BEACH FL 32937

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

59-2058426

Applied For

Not Applicable

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

GUSTAFSON, REBECCA B
1425 A1A HIGHWAY UNIT 11
SATELLITE BEACH FL 32937

Name WELCH, CHARLOTTE

Street Address (P.O. Box Number is Not Acceptable)

1425 HIGHWAY A1A

UNIT 12

City SATELLITE BEACH

FL

Zip Code 32937

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

Charlotte Welch CHARLOTTE WELCH, TREASURER

4/27/01

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 NAME STREET ADDRESS CITY-ST-ZIP | T GUSTAFSON, REBECCA B 1425 A1A #11 SATELLITE BEACH FL 32937 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD STOKES, JAMES 1425 A1A UNIT 14 SATELLITE BEACH FL 32937 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P BELL, SHIRLEY 1425 A1A UNIT 14 SATELLITE BEACH FL 32937 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S BEATTY, MARY 1425 A1A #7 SATELLITE BEACH FL 32937 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D TROMLEY, BETTY 1425 A1A #16 SATELLITE BEACH FL 32937 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

| | | |
|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P BEATTY, MARY 1425 A1A #7 SATELLITE BEACH, FL 32937 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D TROMLEY, BETTY 1425 A1A #16 SATELLITE BEACH, FL 32937 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T WELCH, CHARLOTTE 1425 A1A #12 SATELLITE BEACH, FL 32937 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> 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:

Charlotte Welch CHARLOTTE WELCH, TREASURER

Date

Daytime Phone #

FILED
Jun 19, 2001 8:00 am
Secretary of State

05-11-2001 90313 026 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)