

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 08, 2001 08:00 AM
Secretary of State

DOCUMENT # 763738

1. Entity Name
SEASIDE I HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business P O BOX 4957 SANTA ROSA BCH. FL 32459	Mailing Address P O BOX 4957 SANTA ROSA BCH. FL 32459
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2. Principal Place of Business Suite, Apt. #, etc. City & State	3. Mailing Address Suite, Apt. #, etc. City & State
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4. FEI Number
59-2581325

Applied For	<input type="checkbox"/>
Not Applicable	<input checked="" type="checkbox"/>

5. Certificate of Status Desired **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

Zip	Country	Zip	Country
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6. Name and Address of Current Registered Agent

MCFARLAND, CONNIE
SEASIDE/ HOLL BLDG
C 30 A
SANTA ROSA BCH FL 32459

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 **01/08/2001**

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	S	<input type="checkbox"/> Delete
NAME	WILLIAMS DAVID	
STREET ADDRESS	1018 SUSCON RD	
CITY-ST-ZIP	PITTSBURGH PA	
TITLE	S	<input type="checkbox"/> Delete
NAME	WILDER SUSAN	
STREET ADDRESS	1699 SPRINGCREEK RD	
CITY-ST-ZIP	MONTEVALLO AL	
TITLE	T	<input type="checkbox"/> Delete
NAME	HORNE TIM	
STREET ADDRESS	13910 MILLINGTON RD	
CITY-ST-ZIP	COLUMBUS GA	
TITLE	D	<input type="checkbox"/> Delete
NAME	FREEMAN JIM	
STREET ADDRESS	216 GLENARNOCK ROAD	
CITY-ST-ZIP	TRYON NC 28782	
TITLE	PD	<input type="checkbox"/> Delete
NAME	NOONAN, BRUCE	
STREET ADDRESS	3810 PLAZA ST	
CITY-ST-ZIP	COCONUT GROVE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRAGA JOSEPH	
STREET ADDRESS	84 TUPELO STREET	
CITY-ST-ZIP	SEASIDE FL 32459	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILDER SUSAN	
STREET ADDRESS	1699 SPRINGCREEK RD	
CITY-ST-ZIP	MONTEVALLO AL 35115	
TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HORNE TIM	
STREET ADDRESS	13910 MILLINGTON RD	
CITY-ST-ZIP	COLUMBUS GA 31904	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOONAN, BRUCE	
STREET ADDRESS	3810 PLAZA ST	
CITY-ST-ZIP	COCONUT GROVE FL 33133	
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)(f), 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: BRUCE NOONAN **PRES** **01/08/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day-time Phone #

CR2E037 (11/00)