

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2001 8:00 am
Secretary of State

02-06-2001 90274 029 ****61.25

DOCUMENT # 763865

1. Entity Name

SEAVIEW TOWNHOUSE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**197 WOODETTE DR
 DUNEDIN FL 34698**

**197 WOODETTE DR
 DUNEDIN FL 34698**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2213353

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SCALI, JAMES H
 197 WOODETTE DR
 DUNEDIN FL 34698**

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

J. H. Scali

JAMES H. SCALI

2-1-01

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	PD STIFF, CARY	<input type="checkbox"/> Delete
STREET ADDRESS	199 WOODETTE DR	
CITY-ST-ZIP	DUNEDIN FL 34698	
TITLE NAME	VPD DAVIS, GREGORY	<input type="checkbox"/> Delete
STREET ADDRESS	195 WOODETTE DR	
CITY-ST-ZIP	DUNEDIN FL 34698	
TITLE NAME	DT SCALI, JAMES H.	<input type="checkbox"/> Delete
STREET ADDRESS	197 WOODETTE DRIVE	
CITY-ST-ZIP	DUNEDIN FL 34698	
TITLE NAME	DS SMITH, SOWDEN	<input type="checkbox"/> Delete
STREET ADDRESS	193 WOODETTE DR	
CITY-ST-ZIP	DUNEDIN FL 34698	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	NO CHANGE	
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	NO CHANGE	
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	NO CHANGE	
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	NO CHANGE	
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

SIGNATURE REGAMES

H. SCALI

2-1-01

727-736-2101

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)