


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

FILED
Jan 15, 2003 8:00 am
Secretary of State

01-15-2003 90209 022 ****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

199 WOODETTE DR **199 WOODETTE DRIVE**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Dunedin **Dunedin FL**

Zip Country Zip Country

34698 **USA** **34698** **USA**



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2213353** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **CARY STIFF**

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

Dunedin FL **34698**
City 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 Cary Stiff **CARY STIFF, President, 1/13/03**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT CARY STIFF 199 WOODETTE DR. Dunedin FL 34698	<input checked="" 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
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: CARY STIFF **CARY STIFF, PT** **1/03/03** **727 5734 5733**

CR2E037 (10/02)