2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2000 8:00 am
Secretary of State

02-01-2000 90091 047 ****61.25

DOCUMENT # 765978

1. Entity Name

BY-THE-SEA CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2611 GULF DRIVE SANIBEL FL 33957	~~2440 PALM RIDGE RD~~ C O ISLAND FINANCIAL SANIBEL FL 33957-3232

2. Principal Place of Business	3. Mailing Address P.O. BOX 190
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State SANIBEL FL
Zip / Country	Zip 33957 / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2241119 — 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
OWENS, DAVID A 2440 PALM RIDGE ROAD SANIBEL FL 33957	Name OWENS, DAVID A. Street Address (P.O. Box Number is Not Acceptable) 695 TARPON BAY Road #5 City Sanibel FL Zip Code 33957

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	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE PD NAME ALBERTSON, F O STREET ADDRESS 2611 W GULF DRIVE CITY-ST-ZIP SANIBEL FL 33957 ☒ Delete	TITLE VP D VD NAME Albertson STREET ADDRESS 2611 West Gulf Drive CITY-ST-ZIP SANIBEL FL 33957 ☒ Change ☐ Addition
TITLE (1) SD NAME SMITH, BETTY STREET ADDRESS 6633 PARKWOOD RD CITY-ST-ZIP ENINA MI 55436 OK ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE D NAME OCONNOR, SUE STREET ADDRESS 18 MONTFORD RD CITY-ST-ZIP PORT WASHINGTON NY 11050 ☐ Delete	TITLE (2) P D PD NAME O'Connor, Sue STREET ADDRESS 18 Montford Road CITY-ST-ZIP Port Washington NY 11050 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	TITLE (3) VD NAME Jan Burdick STREET ADDRESS 4251 Horton Road CITY-ST-ZIP JACKSON MI 49201 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	TITLE (4) TD NAME Stuart Ochiltree STREET ADDRESS 2105 N. Crescent Blvd CITY-ST-ZIP YARDLEY PA 19067 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

CR2E037 (9/99)

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: Stuart E. Ochiltree — 1/21/00 — (941)395-1066

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #