

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 766716

1. Entity Name

SEABURY POINT PROPERTY OWNER'S ASSOCIATION, INC.

**FILED**  
**Jun 19, 2002 8:00 am**  
**Secretary of State**

05-24-2002 90556 034 \*\*\*\*61.25

Principal Place of Business Mailing Address  
 ATTN: BETTY HARRISON ATTN: BETTY HARRISON  
 1637 SEABURY POINT ROAD, N.W. 1637 SEABURY POINT ROAD, N.W.  
 PALM BAY FL 32907 PALM BAY FL 32907  
 US US

2. Principal Place of Business 3. Mailing Address  
 1690 Seabury Point Rd NW 1690 Seabury Point Road NW  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
 Palm Bay, Florida Palm Bay, Florida  
 Zip Zip  
 32907 32907  
 Country Country  
 USA USA



DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE 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  
 HARRISON, BETTY K Name Robert Apsey  
 1637 SEABURY POINT ROAD, N.W. Street Address (P.O. Box Number is Not Acceptable)  
 PALM BAY FL 32907 1690 Seabury Point Rd NW  
 City City  
 Palm Bay FL Zip Code  
 32907

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 4-30-02  
 Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	PD	<input checked="" type="checkbox"/> Delete
NAME	VOELKEL, JOHN C	
STREET ADDRESS	1651 SEABURY PT RD NW	
CITY-ST-ZIP	PALM BAY FL 32907	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	NEWMAN, WARREN	
STREET ADDRESS	1603 SEABURY POINT RD NW	
CITY-ST-ZIP	PALM BAY FL 32907	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	HARRISON, BETTY	
STREET ADDRESS	1637 SEABURY POINT RD NW	
CITY-ST-ZIP	PALM BAY FL 32907	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rob Apsey	
STREET ADDRESS	1690 Seabury Pt Rd NW	
CITY-ST-ZIP	Palm Bay FL 32907	
TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Cem Karner	
STREET ADDRESS	160 Rocket Lane Apt 339	
CITY-ST-ZIP	Melb FL 32902	
TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jim Stuer	
STREET ADDRESS	1512 Hattulville St NW	
CITY-ST-ZIP	Palm Bay FL 32907	
TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kelly Solid	
STREET ADDRESS	1676 Seabury Point Rd NW	
CITY-ST-ZIP	Palm Bay FL 32907	
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)(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: DATE 4-30-02 3217269592  
 Signature typed or printed name of signing officer or director Daytime Phone #

CR2E037 (9/01)