

2002 UNIFORM BUSINESS REPORT (UBR)

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

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

DOCUMENT # 766716

1. Entity Name

SEABURY POINT PROPERTY OWNER'S ASSOCIATION, INC.

Principal Place of Business ATTN: BETTY HARRISON 1637 SEABURY POINT ROAD, N.W. PALM BAY FL 32907 US	Mailing Address ATTN: BETTY HARRISON 1637 SEABURY POINT ROAD, N.W. PALM BAY FL 32907 US
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2. Principal Place of Business <i>1690 Seabury Point Rd NW</i>	3. Mailing Address <i>1690 Seabury Point Road NW</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <i>Palm Bay, Florida</i>	City & State <i>Palm Bay, Florida</i>
Zip <i>32907</i>	Zip <i>32907</i>
Country <i>USA</i>	Country <i>USA</i>



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
HARRISON, BETTY K
 1637 SEABURY POINT ROAD, N.W.
 PALM BAY FL 32907

7. Name and Address of New Registered Agent
 Name *Robert Apsey*
 Street Address (P.O. Box Number is Not Acceptable)
1690 Seabury Point Rd NW
 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 *[Signature]* DATE *4-30-02*

FILE NOW: FEE IS \$81.25

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 STREET ADDRESS CITY-ST-ZIP	PD VOELKEL, JOHN C 1851 SEABURY PT RD NW PALM BAY FL 32907	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD NEWMAN, WARREN 1803 SEABURY POINT RD NW PALM BAY FL 32907	<input checked="" type="checkbox"/> Delete	President D Rob Apsey 1690 Seabury Pt Rd NW Palm Bay FL 32907
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HARRISON, BETTY 1637 SEABURY POINT RD NW PALM BAY FL 32907	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	Vice President D Cem Karnet 160 Rocket Lane Apt 339 Melb FL 32902
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	Secretary D Jim Stuver 1512 Hattwellville St NW Palm Bay FL 32907
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	Treasurer D Kelly Solid 1676 Seabury Point Rd NW Palm Bay FL 32907
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<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: *[Signature]* DATE *4-30-02* 3217269592

CR2E037 (9/01)