

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

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90336 035 \*\*\*\*61.25

0075014

**DOCUMENT # 766716**

1. Entity Name

**SEABURY POINT PROPERTY OWNER'S ASSOCIATION, INC.**



Principal Place of Business

**1690 SEABURY POINT RD. NW  
PALM BAY FL 32907  
US**

Mailing Address

**1690 SEABURY POINT RD. NW  
1637 SEABURY POINT ROAD. N.W.  
PALM BAY FL 32907  
US**

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 **NOT APPLICABLE**

Applied For  
Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional  
Fee Required**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**APSEY, ROBERT  
1690 SEABURY POINT RD. NW  
PALM BAY FL 32907**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE **4/2/03**

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	APSEY, ROB	
STREET ADDRESS	1690 SEABURY POINT RD. NW	
CITY-ST-ZIP	PALM BAY FL 32907	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	KARNER, CEM	
STREET ADDRESS	160 ROCKET LANE APT 330 SEABURY PT. RD NW	
CITY-ST-ZIP	MEBOURNE FL 32902 PALM BAY FL 32907	
TITLE	SD	<input type="checkbox"/> Delete
NAME	STIVER, JIM	
STREET ADDRESS	1512 HEATVELVILLE ST. NW SEABURY PT. RD NW	
CITY-ST-ZIP	PALM BAY FL 32907 PALM BAY FL 32907	
TITLE	T	<input type="checkbox"/> Delete
NAME	SOLID, KELLY	
STREET ADDRESS	1676 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		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		
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:

**SIGNATURE REQUIRED**

4/2/03

CR2E037 (10/02)