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

DOCUMENT # 770722

1. Entity Name



Apr 02, 2003 8:00 am Secretary of State 04-02-2003 90038 016 ****61.25

FILED

SEAGLE BUILDING CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address 408 W.UNIVERSITY AVE., STE.307 408 W.UNIVERSITY AVE., STE. 307 30067204 GAINESVILLE FL 32601 GAINESVILLE FL 32601 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FE! Number 59-2375377 Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5.. Certificate of Status Desired Fee Required .6.-Name and Address of Current Registered Agent-7.⊰Name and Address of New Registered Agente-Name **HUTSON, DENISE** Street Address (P.O. Box Number is Not Acceptable) 3940 N.W. 16TH BLVD BLDG. B **GAINESVILLE FL 32605** 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** Signature, typed of printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make Check Payable to FILE NOW: FEE IS \$61.25 \$5.00 May Be Trust Fund Contribution. Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. PTD TITLE -☐ Delete TITLE ☐ Addition ☐ Change HOLBROOK, DAVID NAME NAME *STREET ADDRESS 408 W. UNIVERSITY AVENUE, PH STREET ADDRESS CITY-ST-ZIP **GAINESVILLE FL 32601** CITY-ST-ZIP TITI F ☐ Delete Change ☐ Addition TITLE NAME HOLBROOK, JUAN A. NAME STREET ADDRESS 6418 NW 97TH COURT STREET ADDRESS CITY-ST-ZIP GAINESVILLE FL 32653 ------CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME HOLBROOK, JENNY NAME STREET ADDRESS 408 W. UNIVERSITY AVENUE, PH STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP GAINESVILLE FL 32601 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS 1836 6 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS

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

CITY-ST-ZIP

SIGNATURE:

3.31.3

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