

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

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90270 019 ****61.25

0056003

DOCUMENT # N00000003437

1. Entity Name

SEAGROVE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

**5500 MARINA DRIVE
#2
HOLMES BEACH FL 34217**

Mailing Address

**5500 MARINA DRIVE
#2
HOLMES BEACH FL 34217**

2. Principal Place of Business

220 8th St.

3. Mailing Address

220 8th St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HOLMES BEACH FL

City & State

HOLMES BEACH FL

Zip

34217

Country

Zip

34217

Country

4. FEI Number **65-1042304**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**OBERHOFER, GREG
5500 MARINA DRIVE
#2
HOLMES BEACH FL 34217**

7. Name and Address of New Registered Agent

Name

MATTHEW H. NOWICKI

Street Address (P.O. Box Number is Not Acceptable)

220 8th St.

City

Holmes Beach

FL

Zip Code

34217

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

MATTHEW H. NOWICKI

MATTHEW H. NOWICKI

4/24/03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PSD	☒ Delete
NAME	OBERHOFER, GREG	
STREET ADDRESS	5500 MARINA DRIVE, #2	
CITY-ST-ZIP	HOLMES BEACH FL 34217	
TITLE	VPTD	☒ Delete
NAME	OBERHOFER, SHEILA	
STREET ADDRESS	5500 MARINA DRIVE, #2	
CITY-ST-ZIP	HOLMES BEACH FL 34217	
TITLE	D	☒ Delete
NAME	PHELPS, BETSY	
STREET ADDRESS	5500 MARINA DRIVE, #2	
CITY-ST-ZIP	HOLMES BEACH FL 34217	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P/S/T/D	☒ Change ☐ Addition
NAME	MATTHEW H. NOWICKI	
STREET ADDRESS	220 8th St.	
CITY-ST-ZIP	Holmes Beach, FL 34217	
TITLE	V/D	☒ Change ☐ Addition
NAME	DENNIS BEADLE	
STREET ADDRESS	222 8th St.	
CITY-ST-ZIP	Holmes Beach, FL 34217	
TITLE	D	☒ Change ☐ Addition
NAME	JANET E. NOWICKI	
STREET ADDRESS	220 8th St.	
CITY-ST-ZIP	Holmes Beach, FL 34217	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ 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:

MATTHEW H. NOWICKI **MATTHEW H. NOWICKI** **4/23/03** **(985) 232-6277**

CR2E037 (10/02)