2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2002 8:00 AM
Secretary of State

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Entity Name: SEACREST NEIGHBORHOOD ASSOCIATION, INC.

Current Principal Place of Business:

1115 N SWINTON AVE
DELRAY BEACH, FL 33444

New Principal Place of Business:

16 NE 17TH ST.
DELRAY BEACH, FL 33444

Current Mailing Address:

1115 N SWINTON AVE
DELRAY BEACH, FL 33444

New Mailing Address:

16 NE 17TH ST.
DELRAY BEACH, FL 33444

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCHMIDT, DAVID
100 NE 5TH AVE
DELRAY BEACH, FL 33483 US

Name and Address of New Registered Agent:

AMBER, TRACEY
16 NE 17TH ST.
DELRAY BEACH, FL 33483 US

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: TRACEY A. AMBER 04/26/2002
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: KOPLAS, ANN
Address: 1115 N SWINTON AVE
City-St-Zip: DELRAY BEACH, FL 33444

Title: D ( ) Delete
Name: HEIDE, BETH
Address: 1275 N SWINTON AVE
City-St-Zip: DELRAY BEACH, FL 33444

Title: D ( ) Delete
Name: CHRISTENSEN, SCOTT
Address: 10 NE 13TH ST
City-St-Zip: DELRAY BEACH, FL 33444

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: AMBER, TRACEY
Address: 16 NE 17TH ST.
City-St-Zip: DELRAY BEACH, FL 33444

Title: D (X) Change ( ) Addition
Name: CHRISTENSEN, ELLEN
Address: 10 NE 13TH ST.
City-St-Zip: DELRAY BEACH, FL 33444

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TRACEY A AMBER D 04/26/2002
Electronic Signature of Signing Officer or Director Date