FILED

## **2001 UNIFORM BUSINESS REPORT (UBR)**

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

## Sep 12, 2001 8:00 am Secretary of State DOCUMENT # NO4122 1. Entity Name 09-12-2001 90029 005 \*\*\*\*61.25 SETON COURT ASSOCIATION, INC. Principal Place of Business Mailing Address 65 SETON TRAIL #2 65 SETON TRAIL #2 ORMOND BEACH FL 32176-6501 ORMOND BEACH FL 32176-6501 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-2786139 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) RICKARD, ROY 3390 OCBANSHORE BLVD #402 ORMOND BCH FL 32176 Zip Code City 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, typed or printed name of registered agent and title if applicable. DATE FILE NOW: FEE & \$61.25 9. Election Campaign Financing **\$5.00** May Be Make Check Payable to Trust Fund Contribution. After September 12, 2001, min. will be \$236.25 Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. (2/01) TITLE ☐ Delete TITLE BIDWELL, JOHN NAME NAME J. SNIDER 65 SETON TR #2 STREET ADDRESS STREET ADDRESS 1224 S. PENNISULADR # 409 Daytona 18ch 71 CITY-ST-ZIP ORMOND BEACH FL 32176 CITY-ST-ZIP Delete TITLE LIBERTY, JOYCE A G MANATEIS 65 Seton TE#14 NAME NAME STREET ADDRESS 65 SETON TR #15 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORMOND BEACH FL 32176 Ormand 8ch 7/ 32176 SVP Delete ☐ Change Addition TITLE TITLE D. WAGGONER 65 Seton TR #17. BUTCHER, LEE NAME NAME STREET ADDRESS 65 SETON TR #9 STREET ADDRESS Demond Bel \$-1 32176 CITY-ST-ZIP CITY-ST-ZIP ORMOND BEACH FL 32176 Delete B. DAWSON 65 Set ON TR # 20 ☐ Change Addition TUTA F TITLE GREENE, JULIE NAME NAME STREET ADDRESS STREET ADDRESS 65 SETON TR #10 ormond BC7 71 32176 CITY-ST-ZIP CITY-ST-ZIP **ORMOND BEACH FL 32176** ☐ Delete TITLE TITLE Change ☐ Addition SMITH, JUDY STREET ADDRESS 65 SETON TR #11 STREET ADDRESS CITY-ST-ZIP ORMOND BEACH FL 32176 CITY-ST-7iP ☐ Delete TITLE TITLE ☐ Change ☐ Addition RICHARD, S. NAME NAME STREET ADDRESS 3390 OCEAN SHORE BLVD., #402 STREET ADDRESS ORMOND BEACH FL 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