

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N07733

1. Entity Name

SEA MATANZAS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

8850 A1A SOUTH
4
ST. AUGUSTINE FL 32086
US

P.O. BOX 51351
JACKSONVILLE BEACH FL 32240-1351
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SIMPSON, KURT A.
3500 SOUTH THIRD STREET
JACKSONVILLE BEACH FL 32250

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.

SIGNATURE

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
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME PAINTER, HOWARD
STREET ADDRESS 4569 REDHAWK CT
CITY-ST-ZIP WINTER PARK FL 32792 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐

TITLE SD
NAME MOORE, KIT
STREET ADDRESS 8850 A1A SOUTH #4
CITY-ST-ZIP ST. AUGUSTINE FL 32086 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐

TITLE TD
NAME SWINDELL, JAMES R
STREET ADDRESS 3560 SOUTH THIRD ST
CITY-ST-ZIP JACKSONVILLE BEACH FL 32250 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐

TITLE
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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James R. Swindell
1/4/00

Date

Daytime Phone #

904 241-8171

FILED
Jan 12, 2000 8:00 am
Secretary of State

01-12-2000 90002 043 ****61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2712397 ☐ Applied For ☐ Not Applied For

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required