2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2001 8:00 am
Secretary of State
03-12-2001 90464 038 ****61.25

DOCUMENT # N09715

1. Entity Name

THE VILLAGES OF SEAPORT CONDOMINIUM ASSOCIATION,

Principal Place of Business	Mailing Address
VILLAGE OF SEAPORT SEAPORT	8850 NORTH ATLANTIC AVENUE CAPE CANAVERAL FL 32920 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
8850 N. Atlantic Ave Suite, Apt. #, etc.	120 N. Seaport Blvd Suite, Apt. #, etc.
Cape Canaveral FL Zip 32920 Country US	Cape Canaveral FL Zip 32920 Country US

4. FEI Number 59-2761372 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BECKER & POLIAKOFF , P.A. % C JOHN CHRISTENSEN, ESQ 500 WINDERLEY PL #104 MAITLAND FL 32751	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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SAYWERS, MEL 230 NORTH SEAPORT CAPE CANAVERAL FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD SPARKS, ANNETTE 132 BCH PARK LANE CAPE CANAVERAL FL 32920	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition VPD Annette P. Sparks 132 Beach Park Lane Cape Canaveral FL 32920
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD CREGG, ROBERT 114 BEACH PARK LANE CAPE CANAVERAL FL 32920	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition STD Harton Robert 163 Seaport Blvd Cape Canaveral FL 32920
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (10/00)

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 REQUIRED 03-09-01 321-784-6400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #