

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2002 8:00 am**  
**Secretary of State**

05-05-2002 90301 033 \*\*\*\*61.25

**DOCUMENT # N09715**

1. Entity Name

**THE VILLAGES OF SEAPORT CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

8850 NORTH ATLANTIC AVENUE  
 CAPE CANAVERAL FL 32920

Mailing Address

120 N SEAPORT BLVD  
 CAPE CANAVERAL FL 32920  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2761372

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**BECKER & POLIAKOFF, P.A.**  
**% C JOHN CHRISTENSEN, ESQ**  
**500 WINDERLEY PL #104**  
**MAITLAND FL 32751**

7. Name and Address of New Registered Agent

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	SAYWERS, MEL	
STREET ADDRESS	230 NORTH SEAPORT	
CITY-ST-ZIP	CAPE CANAVERAL FL	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	SPARKS, ANNETTE	
STREET ADDRESS	132 BCH PARK LANE	
CITY-ST-ZIP	CAPE CANAVERAL FL 32920	
TITLE	STD	<input type="checkbox"/> Delete
NAME	HARTON, ROBERT	
STREET ADDRESS	163 SEAPORT BLVD	
CITY-ST-ZIP	CAPE CANAVERAL FL 32920	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dave backstrom	
STREET ADDRESS	432 Beach Park Lane	
CITY-ST-ZIP	Cape Canaveral FL 32920	
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mel Sawyers	
STREET ADDRESS	436 N. Seaport Blvd	
CITY-ST-ZIP	Cape Canaveral - FL 32920	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *David backstrom* David backstrom 4-19-02 321-784-6400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/01)