

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90714 034 ****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

4. FEI Number **59-2761372**

Applied For

Not Applicable

Zip

Country

Zip

Country

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
MATLAND 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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LACKSTROM, DAVE 432 BEACH PARK LANE CAPE CANAVERAL FL 32920	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SAWYERS, MEL 436 N SEAPORT BLVD CAPE CANAVERAL FL 32920	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HARTON, ROBERT 163 SEAPORT BLVD CAPE CANAVERAL FL 32920	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Cregg, Robert 114 Beach Park Lane Cape Canaveral FL 32920	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Allen, Deborah 411 Seaport Blvd Cape Canaveral FL 32920	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Cox, Barry 547 N. Seaport Blvd Cape Canaveral FL 32920	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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:

Dave Lackstrom

03-06-03 321-799-9353

CR2E037 (10/02)