

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 24, 2000 8:00 am**  
**Secretary of State**

05-24-2000 90148 022 \*\*\*\*61.25

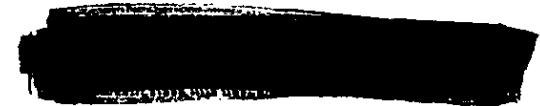
**DOCUMENT #** N09947  
**1. Entity Name**  
4300 CONDOMINIUM ASSOCIATION INC  
DBA SEASIDE VILLAS

**Principal Place of Business**      **Mailing Address**  
C/O OCEAN PROPERTIES      C/O OCEAN PROPERTIES  
3506 S. ATLANTIC AVENUE      3506 S. ATLANTIC AVENUE  
NEW SMYRNA BEACH FL 32169      NEW SMYRNA BEACH FL 32169-3628  
US      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**  
59-3357597       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**  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      Zip Code

**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 Will P. Ross  
 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 NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
P KEN BURGESS	36 JACKSON DRIVE	MILFORD, CT. 06460-7109		
VP/S FRANK ZAHN	884 OYSTER QUAY	NEW SMYRNA BEACH, FL. 32169		
T PATSIKOSTAS, THANOS	898 OYSTER QUAY	NEW SMYRNA BEACH, FL. 32169		

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:** Will P. Ross  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2FN37 (9/99)