

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

**FILED**  
**Feb 17, 2003 8:00 am**  
**Secretary of State**

02-17-2003 90198 048 \*\*\*\*61.25

**DOCUMENT # N15345**

1. Entity Name

**SEA OATS OF JUNO BEACH CONDOMINIUM TWO ASSOCIATI  
ON, INC.**



Principal Place of Business

**802 SEA OATS DR.  
JUNO BEACH FL 33408**

Mailing Address

**BRISTOL MANAGEMENT SERVICES INC  
1930 COMMERCE LANE SUITE #1  
JUPITER FL 33458  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2700896**

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

**INGLIS, STEVE  
1930 COMMERCE LANE SUITE #1  
JUPITER FL 33458**

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	<b>B P MCCORMICK, SHEILA 504-5 SEA OATS DR JUNO BEACH FL 33408</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S RAYNE, EMMY 406-H SEA OATS DR JUNO BEACH FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T VANLINDT, SUSAN 504-3 SEA OATS DR JUNO BEACH FL 33408</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>W WALLACE, MAYNARD 403A SEA OATS DR JUNO BEACH FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP DECARLO, ALBERT 404E SEA OATS DR JUNO BEACH FL 33408</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P SUAREZ, RAYMOND 403-C SEA OATS DR JUNO BEACH FL 33408</b>	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

**VP  
NICK SCHESKOSKY  
301-C SEA OATS DR.  
JUNO BEACH FL 33408**

**D  
HARVEY WILLIAMS  
402 E SEA OATS DR.  
JUNO BEACH FL 33408**

**D.  
DOUGLAS ELDER  
401H SEA OATS DR.  
JUNO BEACH FL 33408**

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**

CR2E037 (10/02)

Attachment

# A/B 345

80032653

DATE:02/07/03 CK#:337 TOTAL:\$61.25\*\*\*\*\* BANK:1107 - Admiralty-cking  
PAYEE:FL DEPT OF STATE(STAT)

Property	Account	Invoice	Description	Amount
507	6060			2.16
508	6060			2.59
509	6060			1.73
601	6060			1.73
602	6060			1.29
603	6060			1.73
701	6060			1.73
702	6060			1.29
703	6060			2.16
704	6060			0.88
705	6060			2.12
				<hr/> 61.25