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

DOCUMENT # N16789

1. Entity Name

SEABROOK CONDOMINIUM ASSOCIATION, INC.



FILED
May 02, 2003 8:00 am g
Secretary of State

05-02-2003 90395 002 ****61.25

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| City & State Ci | 2. Principal F | Place of Business | 3. Mailing Address | 3. Mailing Address | | | | | |
| The Address of Country Zip Country S. Cerificate of Status Desired S. Additional Fee Required | Suite, Apt. | #, etc. • | Suite, Apt. #, etc. | Suite, Apt. #, etc. | | CHECK HERE IF MAKING CHANGES | | | |
| S. Name and Address of Current Registered Agent Name and Address of New Registered Agent Name and Address of New Registered Agent | City & State | | City & State | City & State | | 361655 | | | |
| GIRDHARI, SANKAR S145 MISSION DR. ORLANDO FL 32810 City FL Zip Code City State of Florida. I am furnising with, and accept the obligators of registered agent, or both, in the State of Florida. I am furnising with, and accept the obligators of registered agent, or both, in the State of Florida. I am furnising with, and accept the obligators of registered agent. SIGNATURE Signature, type of arrindriented registered agent extra to fix for inclination and accept the obligators of registered agent, or both, in the State of Florida. I am furnising with, and accept the obligators of registered agent, or both, in the State of Florida. I am furnising with, and accept the obligators of registered agent, or both, in the State of Florida. I am furnising with, and accept the obligators of registered agent, or both, in the State of Florida. I am furnising with, and accept the obligators of registered agent, or both, in the State of Florida. I am furnising with, and accept the obligators of registered agent, or both, in the State of Florida. I am furnising with, and accept the obligators of registered agent, or both, in the State of Florida. I am furnising with, and accept the obligators of registered agent, or both, in the State of Florida. I am furnising with, and accept the obligators of registered agent, or both, in the State of Florida. I am furnising with, and accept the obligators of Florida. I am furnising with, and accept the obligators of Florida. I am furnising with, and accept the obligators of Florida. I am furnising with, and accept the obligators of Florida. I am furnising with, and accept the obligators of Florida. I am furnising with | Zip Country | | Zip | Country | 5. Certificate of Status | | | | |
| GIRDHARI, SANKAR 6145 MISSION DR. ORLANDO FL 32810 City FL Zip Code City FL Zip Code City FL Zip Code City FL Zip Code 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 furnition with, and accept the original property of registered office or registered agent, or both, in the State of Florida. I am furnition with, and accept the decipient of registered office or registered agent, or both, in the State of Florida. I am furnition with, and accept the decipient of registered agent, or both, in the State of Florida. I am furnition with, and accept the decipient of registered agent, or both, in the State of Florida. I am furnition with, and accept the decipient of registered agent, or both, in the State of Florida. I am furnition with, and accept the decipient of registered agent, or both, in the State of Florida. I am furnition with, and accept the decipient of registered agent, or both, in the State of Florida. I am furnition with, and accept the decipient with an accept the decipient of registered agent, or both, in the State of Florida. I am furnition with, and accept the decipient with, and accept the decipient with acceptance of registered agent, or both, in the State of Florida. I am furnition with, and accept the decipient with, and accept the decipient with acceptance of registered agent, or both, in the State of Florida. I am furnition with, and accept the decipient with, and accept the decipient with acceptance of registered agent, or both, in the State of Florida. I am furnition with, and accept the decipient with, and accept the decipient with acceptance of registered agent, or both, in the State of Florida. I am furnition with, and accept the with acceptance of registered agent, or both and accept the with acceptance of registered agent, or both and accept the with acceptance of registered agent, or both and accept the with acceptance of Florida. I am furnition with, and accept the with accepta | | 6. Name and Address o | f Current Registered Agent | | 7. Name and Address | of New Registered A | gent | | |
| CITY FLE NOW: FEE IS \$61.25 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 furnitian with, and accept the obligations of registered agent. SIGNATURE Bignown, tope or printing have of registered agent and the sopricable. PILE NOW: FEE IS \$61.25 9. Election Carrosign Financing Trust Fund Contribution Trust Fund Contribution The 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 MAKE GIRDHARI, SANKAR GIRDHARI, SANKAR GIRDHARI, SANKAR GIRDHARI, SANKAR GIRDHARI, SANKAR OPPLANDO FI. 32810 TITLE DUP Duble TITLE DST DST | | • | , | Name | | | | | l |
| 8. The above named only submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature Si | 6145 MISSION DR. | | | Street Addres | ss (P.O. Box Number is Not A | cceptable) | | | |
| B. 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 | ORLAND | O FL 32810 | | | | | | | ĺ |
| SIGNATURE FILE NOW: FEE IS \$61.25 | L | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | | <u> </u> | | <u> </u> | | |
| SIGNATURE Signature typoge or primiting married registered agent and their 8 depicable. NOTE Registered Agent segreture required when nerotating) DATE | | | atement for the purpose of changing its | registered office or regis | | tate of Florida. I am fa | amiliar with, | and accept | ĺ |
| FILE NOW: FEE IS \$61.25 | tile obliga | nons or registered agent. | | | 4. | | | ı | ĺ |
| FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Trust Fund Contribution. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE OR GIRDHARI, SANKAR GIRSH NAME SITERET ADDRESS OR STREET | SIGNATURE | Signature, typed or printed name of reg | sistered agent and title if applicable. (NOT | E: Registered Agent signature requ | ired when reinstating) | DATE | | | |
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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: 6

ERIOCHINE ON COURTE

4.28.03

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