2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2000 8:00 am
Secretary of State
04-22-2000 90084 021 ****61.25

DOCUMENT # N26860

1. Entity Name

THE SEABURY CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1060 SWALLOW AVE. MARCO ISLAND FL 34145 US	PO BOX 308 C/O MOSTAFA MOZAYENY MARCO ISLAND FL 34146-0308 US

DO NOT WRITE IN THIS SPACE

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 65-0126869 ☐ 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
NOLDE, JOHN A. 995 N COLLIER BLVD MARCO ISLAND FL 34145	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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HELMER, SANDRA 27 CENTRAL DR STONY PT NY	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition CLINE, KENNETH E 100 S Liberty Dr Stony Point, NY 10980
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD GILMAN, JAMES 1938 GLEN ROCK ST YORKTOWN HTS NY	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition MARTIN, KEITH 3242 Adams St Two Rivers, WI 54241
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T CARBERY, JOSEPH 2 KEIM DRIVE POMONA NY	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition GILMAN, JAMES 1938 Glen Rock St Yorktown Hts, NY 10598
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S CLINE, KATHI 7 EAST MAIN STREET STONY POINT NY	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition SHEDDEN, JULIE 619 Applegate Ln Grand Blanc, MI 48439
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (9/99)

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 KENNETH E CLINE, Pres. 2/17/00 914-561-9000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #