## **2001 UNIFORM BUSINESS REPORT (UBR)**

## 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 US						
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.						
City & State		City & State	City & State					
Zip	Country	Zip	Country					

## FILED Apr 23, 2001 8:00 am Secretary of State 04-23-2001 90147 024 \*\*\*\*61.25

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Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE					
City & State		City & State		4. FEI Numb	4. FEI Number 65-0126869		Applied For Not Applicable			
Zip Country		Zip Country		5. Certificate	5. Certificate of Status Desired   \$8.75 Additional Fee Required					
	6. Name and Address of Current		7. Name and Address of New Registered Agent							
		Name	Name							
NOLD <b>\$</b> , JOHN A				Street Address (P.O. Box Number is Not Acceptable)						
MARCO ISLAND FL 34145			City FL Zip Code							
8. The above	named entity submits this statement fo	r the purpose of changing its re	egistered office o	r registered agent, or bo	th, in the state of Florida.					
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										
		T		·	]	7.				
FILE NOW: FEE IS \$61.25				\$5.00 May Be Added to Fees		k Payable to ent of State	<b>)</b>			
10.	OFFICERS AND DIF	RECTORS	11.	ADDITIONS/CH	ANGES TO OFFICERS AND	DIRECTORS IN	J 10			
TITLE	PD	<b>Æ</b> Delete	TITLE	PD		<b>K</b> KChange	☐ Addition §			
NAME	HELMER, SANDRA	TELF DOICE	NAME	MARTIN, KEI	πu	424201101196				
STREET ADDRESS	27 CENTRAL DR		STREET ADDRESS	3243 ADAMS			2			
CITY-ST-ZIP	STONY PT NY	,	CITY-ST-ZIP	Į.			E037			
	VPD	· · · · · · · · · · · · · · · · · · ·		TWO RIVERS,	W1 54241	70 m				
TITLE		XX Delete	TITLE	1 '-		<b>XX</b> Change	Addition 2			
NAME STREET ADDRESS	GILMAN, JAMES	a kaje sa e p <del>a</del>	NAME STREET ADDRESS	TABOR, DONN						
1000 GEE! 1 1.001. 01		<i>y</i> *	CITY-ST-ZIP		SÚNSET VIEW RD					
	YORKTOWN HTS NY		<del> </del>		STA, NJ 08889					
TITLE	OARREDY JOSEPH	Delete	TITLE	$VP_D$		<b>K</b> K Change	☐ Addition			
NAME CARBERY, JOSEPH STREET ADDRESS CITY-ST-ZIP DOMONA NY			NAME	CROSBY, JES						
		,	STREET ADDRESS CITY-ST-ZIP	1060 SWALLO						
	POMONA NY		<u> </u>	MARCO ISLANI	D, FL 34145		<del></del>			
TITLE	S CLINE MATER	ZZ Delete	ر. TITLE	$T_D$		<b>XX</b> Change	☐ Addition			
NAME STREET ADDRESS	CLINE, KATHI		NAME	FUSCO, JOHN						
CITY-ST-ZIP	1 DIOT IN ALL OTTED		STREET ADDRESS CITY-ST-ZIP	246 W 13TH ST						
	STONY POINT NY			SHIPBOTTOM,	NJ 08008					
TITLE	•	☐ Delete	TITLE	VPD		<b>X</b> Change	☐ Addition			
NAME PERCET ADDRESS			NAME	HOEFFNER, LY			]			
STREET ADDRESS			STREET ADDRESS	151 ARLINGTO						
CITY-ST-ZIP			CITY-ST-ZIP	HAWTHORNE, N	NJ 07506					
TITLE		. Delete	TITLE			☐ Change	☐ Addition			
NAME			NAME				t			
STREET ADDRESS		-	STREET ADDRESS				ļ			
CITY-ST-ZIP			CITY-ST-ZIP				ļ			

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:**