2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State
04-29-2002 90130 001 ****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 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Resort Management	Resort Management
Suite, Apt. #, etc.: 834 Bald Eagle Dr	Suite, Apt. #, etc.: 834 Bald Eagle Dr
City & State: Marco Island, FL	City & State: Marco Island, FL
34145 Country: USA	Zip: 34145 Country: USA

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
~~NOLDS, JOHN A.~~ ~~995 N COLLIER BLVD~~ ~~MARCO ISLAND FL 34145~~	Name: KEITH MARTIN Street Address (P.O. Box Number is Not Acceptable): 3243 ADAMS ST. City: TWO RIVERS, WI FL Zip Code: 54241

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: Keith Martin — 3-12-02
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 MARTIN, KEITH 3243 ADAMS STREET TWO RIVERS WI 54241	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD TABOR, DONNA 12 SUNSET VIEW ROAD WHITEHOUSE STATION NJ 08889	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD CROSBY, JESSE 1060 SWALLOW AVE - 105 MARCO ISLAND FL 34145	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD FUSCO, JOHN 246 W 13TH STREET SHIPBOTTOM NJ 08008	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD HOEFFNER, LYNN 151 ARLINGTON AVE HAWTHORNE NJ 07506	☐ 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 (9/01)

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 — 3-12-02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #