

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 15, 2002 8:00 am
Secretary of State

08-15-2002 90048 009 ****61.25

DOCUMENT # N27860

1. Entity Name

**SEA POINTE TOWERS OF FORT PIERCE PROPERTY OWNERS
 ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

C/O ELLIOTT MERRILL COMM MGMT
 1105 12TH ST
 VERO BEACH FL 32960
 US

C/O ELLIOTT MERRILL COMM MGMT
 1105 12TH ST
 VERO BEACH FL 32960
 US

2. Principal Place of Business

Advantage Property Mgmt.
 Suite, Apt. #, etc.
 1274 NE Business Park Pl.

3. Mailing Address

PO Box 65
 Suite, Apt. #, etc.

City & State

Jensen Bch., FL

City & State

Jensen Beach, FL

4. FEI Number

59-2499739

Applied For

Not Applicable

Zip

34957

Country

U.S.A.

Zip

34958

Country

U.S.A.

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**MERRILL, CRAIG
 C/O ELLIOTT MERRILL COMM. MANAGEMENT
 28 N CAUSEWAY DRIVE STE 3
 FORT PIERCE FL 34946**

7. Name and Address of New Registered Agent

Name

Lorraine H. Forte

Street Address (P.O. Box Number is Not Acceptable)

1274 N.E. Business Park Place

City

Jensen Beach

FL

Zip Code

34957

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

Lorraine H. Forte

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

8/8/02

DATE

**After September 13, 2002,
 min. will be \$236.25.**

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

TITLE **PD** ☐ Delete
 NAME **ROSENTHAL, PHILIP**
 STREET ADDRESS **801 S OCEAN DRIVE # 1006**
 CITY-ST-ZIP **FT. PIERCE FL 34949**

TITLE **D** ☐ Delete
 NAME **ARCHER, GORDON**
 STREET ADDRESS **801 S OCEAN DRIVE # 606**
 CITY-ST-ZIP **FT PIERCE FL 34949**

TITLE **D** ☒ Delete
 NAME **ARMELL, JESSE**
 STREET ADDRESS **801 S OCEAN DR, #1204**
 CITY-ST-ZIP **FT PIERCE FL**

TITLE **VPTD** ☒ Delete
 NAME **DYE, DEL**
 STREET ADDRESS **801 S OCEAN DR #1005**
 CITY-ST-ZIP **FT. PIERCE FL 34949**

TITLE **SD** ☐ Delete
 NAME **SCHMITT, GERARD**
 STREET ADDRESS **801 S OCEAN DR #101**
 CITY-ST-ZIP **FT PIERCE FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME *VPD West, Hugh*
 STREET ADDRESS *801 S. Ocean Dr. #306*
 CITY-ST-ZIP *FL. Pierce, FL. 34949*

TITLE ☐ Change ☒ Addition
 NAME *TD. Daniels, Eun*
 STREET ADDRESS *801 S. Ocean Dr. # 810*
 CITY-ST-ZIP *FL. Pierce, FL. 34949*

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

Philip Rosenthal

8/7/02

772-465-9461

CR2E037 (4/02)