

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2004 8:00 am
Secretary of State

02-16-2004 90033 003 ****61.25

DOCUMENT # N27860

1. Entity Name
**SEA POINTE TOWERS OF FORT PIERCE PROPERTY
OWNERS' ASSOCIATION, INC.**



Principal Place of Business
**ADVANTAGE PROPERTY MGMT
1274 NE BUSINESS PARK PL
JENSEN BEACH, FL 34957 US**

Mailing Address
**PO BOX 65
JENSEN BEACH, FL 34958 US**

54006548



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01122004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-2499739

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**FORTE, LORRAINE
274 NE BUSINESS PARK PLACE
JENSEN BEACH, FL 34957**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
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 **VPD** ☐ Delete
NAME **ROSENTHAL, PHILIP**
STREET ADDRESS **801 S OCEAN DRIVE # 1006**
CITY-ST-ZIP **FT. PIERCE, FL 34949**

TITLE **P/D** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE **V/P/D** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PD** ☐ Delete
NAME **WEST, HUGH**
STREET ADDRESS **801 S OCEAN DR #306**
CITY-ST-ZIP **FORT PIERCE, FL 34949**

TITLE **D** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** ☐ Delete
NAME **DANIELS, EVA**
STREET ADDRESS **801 S OCEAN DR #810**
CITY-ST-ZIP **FT. PIERCE, FL 34949**

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ 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 L Rosenthal* **PHILIP L. ROSENTHAL** **2/09/04** **772 528 1452**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #