

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N34656

1. Entity Name

VISTAS HOMEOWNERS' OF SEABROOKE, INC.

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90090 014 ****61.25

Principal Place of Business Mailing Address
C/O COMMUNITY MANAGEMENT CONCEPTS C/O COMMUNITY MANAGEMENT CONCEPTS
4175 EAST BAY DRIVE, SUITE 205 4175 EAST BAY DRIVE, SUITE 205
CLEARATER FL 33764 CLEARATER FL 33764-6977
US US

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-2981207

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

COMMUNITY MANAGEMENT CONCEPTS, INC.
4175 EAST BAY DRIVE, SUITE 205
CLEARATER FL 33764

Name

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

City

FL Zip Code 33764

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 PD ☐ Delete
NAME HICKMAN, DAVID G
STREET ADDRESS 3186 SHORELINE DR
CITY-ST-ZIP CLEARWATER FL 33760

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

TITLE VSD ☒ Delete
NAME ECHELBERGER, BILL
STREET ADDRESS 3169 SHORELINE DR
CITY-ST-ZIP CLEARWATER FL 33760

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

TITLE D ☒ Delete
NAME GYLFE, ED
STREET ADDRESS 3178 SHORELINE DR
CITY-ST-ZIP CLEARWATER FL 33760

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

TITLE D ☐ Delete
NAME PIERCE, BILL III
STREET ADDRESS 3149 SHORELINE DR
CITY-ST-ZIP CLEARWATER FL 33760

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

TITLE TD ☐ Delete
NAME SCARDINO, JOHN
STREET ADDRESS 3159 SHORELINE DR
CITY-ST-ZIP CLEARWATER FL 33760

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

TITLE D ☐ Delete
NAME BERRY, DOUG
STREET ADDRESS 3219 SHORELINE DR
CITY-ST-ZIP CLEARWATER FL 33760

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

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 on an attachment with an address, with all other like empowered.

SURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)