

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 15, 2002 8:00 am
Secretary of State

04-15-2002 90020 008 ****61.25

0043446

DOCUMENT # N34656

1. Entity Name

VISTAS HOMEOWNERS' OF SEABROOKE, INC.

Principal Place of Business

Mailing Address

C/O COMMUNITY MANAGEMENT CONCEPTS
4175 EAST BAY DRIVE, SUITE 205
CLEARATER FL 33764
US

C/O COMMUNITY MANAGEMENT CONCEPTS
4175 EAST BAY DRIVE, SUITE 205
CLEARATER FL 33764
US

2. Principal Place of Business

3. Mailing Address

3440 East Lake Road

3440 East Lake Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 106

Suite 106

City & State

City & State

Palm Harbor Florida

Palm Harbor Florida

Zip

Country

Zip

Country

34685

Pinellas

34685

Pinellas

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FIRST CHOICE ASSOCIATION MGMT, INC.
3440 EAST LAKE ROAD
STE 106
PALM HARBOR FL 34685

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.

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
NAME SERTON, MIKE
STREET ADDRESS 3147 SHORELINE DRIVE
CITY-ST-ZIP CLEARWATER FL 33760

TITLE Vice President
NAME Lee Haas
STREET ADDRESS 3160 Shoreline Drive
CITY-ST-ZIP Clearwater, Florida 33760

TITLE TD
NAME LUE, YEN
STREET ADDRESS 3148 SHORELINE DRIVE
CITY-ST-ZIP CLEARWATER FL 33760

TITLE Secretary
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD
NAME WIGGINS, FRANCINE
STREET ADDRESS 3174 SHORELINE DRIVE
CITY-ST-ZIP CLEARWATER FL 33760

TITLE Director
NAME Michael Angolino
STREET ADDRESS 3193 Shoreline Drive
CITY-ST-ZIP Clearwater, Florida 33760

TITLE D
NAME CASSIDY, DALE
STREET ADDRESS 3137 SHORELINE DRIVE
CITY-ST-ZIP CLEARWATER FL 33760

TITLE Treasurer
NAME Addie Johns
STREET ADDRESS 3167 Shoreline Drive
CITY-ST-ZIP Clearwater, Florida 33760

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Director
NAME Gerry Gallo
STREET ADDRESS 3159 Shoreline Drive
CITY-ST-ZIP Clearwater, Florida 33760

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Director
NAME John Ferich
STREET ADDRESS 3197 Shoreline Drive
CITY-ST-ZIP Clearwater, Florida

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)