

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90506 019 *****61.25

DOCUMENT # N34656

1. Entity Name

VISTAS HOMEOWNERS' OF SEABROOKE, INC:



Principal Place of Business

4174 Woodlands Parkway

PALM HARBOR FL 34685

US

Mailing Address

4174 Woodlands Parkway

PALM HARBOR FL 34685

US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

FIRST CHOICE ASSOCIATION MGMT, INC.

4174 Woodlands Parkway

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. 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

FILE NOW: FEE IS \$61.25

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	PD	<input type="checkbox"/> Delete
NAME	SEXTON, MIKE	
STREET ADDRESS	3147 SHORELINE DRIVE	
CITY-ST-ZIP	CLEARWATER FL 33760	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	LUE, YEN	
STREET ADDRESS	3148 SHORELINE DRIVE	
CITY-ST-ZIP	CLEARWATER FL 33760	
TITLE	D	<input type="checkbox"/> Delete
NAME	ANDOLINO, MICHAEL	
STREET ADDRESS	3193 SHORELINE DR	
CITY-ST-ZIP	CLEARWATER FL 33760	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	JOHNS, ADDIE	
STREET ADDRESS	3167 SHORELINE DRIVE	
CITY-ST-ZIP	CLEARWATER FL 33760	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GALLO, GERRY	
STREET ADDRESS	3159 SHORELINE DR	
CITY-ST-ZIP	CLEARWATER FL 33760	
TITLE	D	<input type="checkbox"/> Delete
NAME	FERICH, JOHN	
STREET ADDRESS	3197 SHORELINE DR	
CITY-ST-ZIP	CLEARWATER FL 33760	

TITLE	UP D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEXTON, MIKE	
STREET ADDRESS	3147 SHORELINE DRIVE	
CITY-ST-ZIP	CLEARWATER, FL 33760	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PALSHA, AGGIE	
STREET ADDRESS	3163 SHORELINE DRIVE	
CITY-ST-ZIP	CLEARWATER, FL 33760	
TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HAAS, LEE	
STREET ADDRESS	3160 SHORELINE DRIVE	
CITY-ST-ZIP	CLEARWATER, FL 33760	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GALLO, GERRY	
STREET ADDRESS	3159 SHORELINE DRIVE	
CITY-ST-ZIP	CLEARWATER, FL 33760	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BERRY, DOUG	
STREET ADDRESS	3129 SHORELINE DRIVE	
CITY-ST-ZIP	CLEARWATER, FL 33760	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE REQUIRED L. Haas

4/16/03

(727)535-4544

CR2E037 (10/02)