

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

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90423 038 ****61.25

DOCUMENT # **N48498**

1. Entity Name **SEASIDE OF VERO BEACH HOMEOWNERS'
ASSOCIATION, INC.**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

P.O. BOX 4195

Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 4195

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

VERO BEACH, FL

City & State

VERO BEACH, FL

4. FEI Number

650486549

Applied For

Not Applicable

Zip

32964

Country

INDIAN RIVER

Zip

32964

Country

INDIAN RIVER

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

ALLIK, DEBORAH

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

2260 SEASIDE STREET

City **VERO BEACH**

FL

Zip Code
32963

**DO NOT WRITE
IN THIS SPACE**

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

FEE IS \$61.25
Initial or Amended UBR

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
NAME
STREET ADDRESS
CITY-ST-ZIP

**PD
ALLIK, MICHAEL
2260 Seaside Street
Vero Beach, FL 32963**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**TD
SAMILO, NICK
2240 Seaside Street
Vero Beach, FL 32963**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**SD
FANARO, RONALD S.
2245 Seaside Street
Vero Beach, FL 32963**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**VPD
LEE, THOMAS
2225 Seaside Street
Vero Beach, FL 32963**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**D
BISHA, JOHN
2215 Seaside Street
Vero Beach, FL 32963**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 1, 2002

Date

561-569-0000

Daytime Phone #

CR2E037B (12/01)