

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

FILED
Aug 06, 2003 8:00 am
Secretary of State

08-06-2003 90060 002 *****61.25

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1. Entity Name

SEA GARDENS BEACH & TENNIS RESORT CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

**615 N OCEAN BLVD
POMPANO BEACH FL 33062**

Mailing Address

**615 N OCEAN BLVD
POMPANO BEACH FL 33062**

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 **65-0387494**

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

**SPIVACK, EVAN
615 N. OCEAN BLVD.
POMPANO BEACH FL 33062**

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
After September 10, 2003, min will be \$236.25

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** ☐ Delete
NAME **THOMAS, RICHARD**
STREET ADDRESS **118 DAMIAN COURT**
CITY-ST-ZIP **JEANNETTE PA 15644**

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

TITLE **VP BM** ☐ Delete
NAME **GRINER, GARY**
STREET ADDRESS **187 OLD ORTAN LANE**
CITY-ST-ZIP **BROWNBORO AL 35741**

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

TITLE **SD** ☐ Delete
NAME **KERN, VANESSA**
STREET ADDRESS **11301 W. TIMBER ROAD**
CITY-ST-ZIP **MAPLETON IL 61547**

TITLE **V.P.** ☐ Change ☒ Addition
NAME **PAUL GREENFIELD**
STREET ADDRESS **126 GREENWOOD ST**
CITY-ST-ZIP **CANISTEO N.Y. 14823**

TITLE **TD** ☐ Delete
NAME **EGLNOFER, ARTHUR**
STREET ADDRESS **30 RIDGE DRIVE NORTH**
CITY-ST-ZIP **OLD SAYBROOK CT 06475**

TITLE **B. Member** ☐ Change ☒ Addition
NAME **SHARON PROVENCEN**
STREET ADDRESS **1209 MAUREEN CRESCENT**
CITY-ST-ZIP **SUID BURT ONTARIO CANADA P3A-3K6**

TITLE **BM** ☐ Delete
NAME **RUSSELL, RICK**
STREET ADDRESS **1509 BARN SWALLOW DRIVE**
CITY-ST-ZIP **AUSTIN TX 78746**

TITLE **B. Member** ☐ Change ☒ Addition
NAME **WALTER UDOLL**
STREET ADDRESS **1012 CAMP TAIL ROAD**
CITY-ST-ZIP **QUAKERTOWN, PA 18957**

TITLE **BM** ☐ Delete
NAME **EWERT, ARLINE**
STREET ADDRESS **268 LAURA AVE BOX 419**
CITY-ST-ZIP **DUCHESSE AB, CANADA T0J020**

TITLE
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:

SPIVACK, EVAN

7/14/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (4/03)