2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attach

SIGNATURE

FILED DOCUMENT # N9200000470 Jun 07, 2000 8:00 am **Secretary of State** SEAVIEW AT JUNO BEACH HOMEOWNERS ASSOCIATION, IN 06-07-2000 90001 001 ****61.25 Principal Place of Business Mailing Address 791 SEAVIEW DR 791 SEAVIEW DR JUNO BEACH FL 33408-1309 JUNO BEACH FL 33408 2. Principal Place of Business 3. Mailing Address ame Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For City & State 65-0409028 Not Applicable Country \$8.75 Additional Zip Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent C eAM Street Address (P.O. Box Number is Not Acceptable) DRYDEN, STEPEH F 752 SEAVIEW DR JUNO BEACH FL 33408 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. FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees **Department of State** FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Delete ☐ Addition TITLE TITLE Mr. Rejean H Dupre 721 Serview Dr. NAME DRYDEN, STEPHEN F NAME STREET ADDRESS STREET ADDRESS 752 SEAVIEW DR Juno Beach FL33400 CITY-ST-78 CITY-ST-ZIP JUNO BEACH FL 33408 Delete ☐ Addition TITLE TITLE VD LESA SANFORD 152 SEAVEN Dr. NAME NAME BROWN, DR DAVID STREET ADDRESS STREET ADDRESS 764 SEAVIEW DR Juno Beach FL-37408 CITY-ST-7IP CITY-ST-ZIP JUNO BEACH FL.33408 ☐ Addition TITLE TD Delete DITLE Change SCOZZAFAUA, JIM NAME STREET ADDRESS STREET ADDRESS 730 SEAVIEW DR CITY-ST-ZIP CITY-ST-ZIP JUNO BEACH FL 33408 Delete ☐ Addition TITLE George BLACK 154 SEAVIEW Dr. NAME NAME GIUNTOLI, MARIA STREET ADDRESS STREET ADDRESS 741 SEAVIEW DR CITY-ST-7IP CITY-ST-ZIP JUNO BEACH FL 33408 ☐ Delete Change ☐ Addition TIT! F NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Delete TITLE ☐ Addition TIT1 F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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