2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2001 8:00 am
Secretary of State
04-04-2001 90010 024 ****61.25

050019

DOCUMENT # N92000000470

1. Entity Name

SEAVIEW AT JUNO BEACH HOMEOWNERS ASSOCIATION, IN

Principal Place of Business	Mailing Address
~~791 SEAVIEW DR~~ ~~CLUBHOUSE~~ ~~JUNO BEACH FL 33408~~ ~~US~~	~~791 SEAVIEW DR~~ ~~CLUBHOUSE~~ ~~JUNO BEACH FL 33408~~ ~~US~~
2. Principal Place of Business 400 So Dixie Hwy	3. Mailing Address 400 S. Dixie Hwy
Suite, Apt. #, etc. ~~#10~~	Suite, Apt. #, etc. ~~#10~~
City & State Lake Worth, FL	City & State Lake Worth, FL
Zip ~~33460~~ Country	Zip 33460 Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0409028 ☐ 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
~~DYPRE, MR REJEAN~~ ~~721 SEAVIEW DRIVE~~ ~~JUNO BEACH FL 33408~~	Name: Associated Property Management Street Address (P.O. Box Number is Not Acceptable): 400 So Dixie Hwy. #10 City: Lake Worth FL Zip Code: ~~33460~~

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: _____ 3/15/2001
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	~~DP~~	☐ Delete	TITLE DP	WILLIS, WILL	☐ Change ☒ Addition
NAME	~~DRYDEN, STEPHEN F~~		NAME		
STREET ADDRESS	~~752 SEAVIEW DR~~		STREET ADDRESS	700 SEAVIEW DR	
CITY-ST-ZIP	~~JUNO BEACH FL 33408~~		CITY-ST-ZIP	JUNO BEACH, FL 33408	
TITLE	~~VD~~	☐ Delete	TITLE VD	DONGHIA, CRAIG	☐ Change ☒ Addition
NAME	~~BROWN, DR DAVID~~		NAME		
STREET ADDRESS	~~764 SEAVIEW DR~~		STREET ADDRESS	774 SEAVIEW DR	
CITY-ST-ZIP	~~JUNO BEACH FL 33408~~		CITY-ST-ZIP	JUNO BEACH, FL 33408	
TITLE	~~TD~~	☐ Delete	TITLE TD	HART, ROY	☐ Change ☒ Addition
NAME	~~SCOZZAFAVA, JIM~~		NAME		
STREET ADDRESS	~~730 SEAVIEW DR~~		STREET ADDRESS	720 SEAVIEW DR	
CITY-ST-ZIP	~~JUNO BEACH FL 33408~~		CITY-ST-ZIP	JUNO BEACH, FL 33408	
TITLE	~~SD~~	☐ Delete	TITLE D	PARKAS, MARCIA	☐ Change ☒ Addition
NAME	~~GIUNTOLI, MARIA~~		NAME		
STREET ADDRESS	~~741 SEAVIEW DR~~		STREET ADDRESS	701 SEAVIEW DR	
CITY-ST-ZIP	~~JUNO BEACH FL 33408~~		CITY-ST-ZIP	JUNO BEACH FL 33408	
TITLE		☐ Delete	TITLE D	QUINN, MARK	☐ Change ☒ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS	776 SEAVIEW DR	
CITY-ST-ZIP			CITY-ST-ZIP	JUNO BEACH FL 33408	
TITLE		☐ Delete	TITLE SD	BARKER, NANCY	☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS	745 SEAVIEW DR.	
CITY-ST-ZIP			CITY-ST-ZIP	JUNO BEACH, FL 33408	

CR2E037 (10/00)

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: _____ 3/30/01 561-588-7210
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

WILL WILLIS, PRESIDENT