

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000002891

1. Entity Name

GULF ISLAND BEACH & TENNIS CLUB CONDOMINIUM ASSO  
CIATION I, INC.

Principal Place of Business

Mailing Address

% SEABOARD ARBORS  
2189 CLEVELAND STREET, SUITE 225  
CLEARWATER FL 33765  
US

% SEABOARD ARBORS  
2189 CLEVELAND STREET, SUITE 225  
CLEARWATER FL 33765  
US

2. Principal Place of Business

3. Mailing Address

1050A EAST LAKE WOODLANDS PKWY

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

OLDSMAR, FL

Zip

Country

Zip

Country

34677

USA

4. FEI Number

59-3323609

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

Name

SCANNAVINO, INC.

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

1050A EAST LAKE WOODLANDS PKWY

City

OLDSMAR

FL

Zip Code

34677

LEIGHTON, LENNARD A  
2189 CLEVELAND STREET, #225  
CLEARWATER FL 33765

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

*Dominick Scannavino*

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	P/S	<input type="checkbox"/> Delete
NAME	BOYCE, PATRICIA	
STREET ADDRESS	6040 SEA RANCH DRIVE	
CITY-ST-ZIP	PORT RICHEY FL 34667	
TITLE	VP/T	<input type="checkbox"/> Delete
NAME	BRASEL, LARRY	
STREET ADDRESS	6040 SEA RANCH DRIVE	
CITY-ST-ZIP	PORT RICHEY FL 34667	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SMITH, CANDY	
STREET ADDRESS	6040 SEA RANCH DRIVE	
CITY-ST-ZIP	PORT RICHEY FL 34667	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DARCONTE, FRANK	
STREET ADDRESS	6040 SEA RANCH DRIVE	
CITY-ST-ZIP	PORT RICHEY FL 34667	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FREED, RICHARD	
STREET ADDRESS	6040 SEA RANCH DR #801	
CITY-ST-ZIP	HUDSON, FL 34667	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARTINEZ, RAYMOND	
STREET ADDRESS	6040 SEA RANCH DR #801	
CITY-ST-ZIP	HUDSON, FL 34667	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:

*Patricia Boyce* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/01/02

Date

Daytime Phone #

FILED  
Apr 02, 2002 8:00 am  
Secretary of State

04-02-2002 90874 006 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

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CR2E037 (9/01)