

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000005615

1. Entity Name

SEAGULL BAY PROPERTY OWNERS ASSOCIATION, INC.

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90139 004 ****61.50

Principal Place of Business	Mailing Address
16761 SEAGULL BAY CT BOKEELIA FL 33922 US	P.O. BOX 750 BOKEELIA FL 33922-0750



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Zip	
Country		Country	
		16761 SEAGULL BAY CT BOKEELIA FL 33922 USA	

4. FEI Number	Applied For
65-0734198	Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

SCHWANDT, HUGO
 16713 SEAGULL BAY CT
 BOKEELIA FL 33922

7. Name and Address of New Registered Agent

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing ☐ \$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	DP SCHWANDT, HUGO 16713 SEAGULL BAY CT BOKEELIA FL 33922 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV HANN, STEVE 8231 MAIN ST BOKEELIA FL 33922 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT COLEMAN, WAYNE 16763 SEAGULL BAY CT BOKEELIA FL 33922 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: SIGNATURE REQUIRED 4-19-2000 941-939-1446
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)