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

Mailing Address

BOKELLIA FL 33922

3. Mailing Address

16761 SEAGULL BAY COURT

DOCUMENT # N9400005615

Principal Place of Business

2. Principal Place of Business

16761 SEAGULL BAY CT

BOKEELIA FL 33922

SEAGULL BAY PROPERTY OWNERS ASSOCIATION, INC.



FILED Jan 21, 2003 8:00 am **Secretary of State**

01-21-2003 90063 026 ****61.50

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| Suite, Apt. #, etc. City & State | | Suite, Apt. #, etc. | | ☐ CHECK HERE IF MAKING | ☐ CHECK HERE IF MAKING CHANGES | | | |
|-----------------------------------|------------------------|----------------------|---------------------------------------|---------------------------------------|--------------------------------|--|--|--|
| | | City & State | · · · · · · · · · · · · · · · · · · · | 4. FE! Number 65-0734198 | Applied For | | | |
| Zip | Country | Zip | Country | | \$8.75 Additional Fee Required | | | |
| . 6. Na | me and Address of Curr | ent Registered Agent | , | 7. Name and Address of New Registered | 4 | | | |

SCHWANDT, HUGO 16713 SEAGULL BAY CT **BOKEELIA FL 33922**

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

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

FILE NOW: FEE IS \$61.25

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/CHANG | ES TO OFFICERS AND [| DIRECTORS IN | I 10 |
|----------------|-------------------------|-----------------|----------------|-----------------|----------------------|---|------------|
| TITLE | DP | Delete | TITLE | | | Change | Addition |
| NAME | SCHWANDT, HUGO | • | NAME | 12.60 | <i></i> | Onlings | Addition |
| STREET ADDRESS | 16651 SEAGULL BAY CT | | STREET ADDRESS | CC C | SPCCN - | | |
| CITY-ST-ZIP | BOKEELIA FL 33922 | | CITY-ST-ZIP | 100 81 3000 // | 1384 C | 7_ | |
| TITLE | DV | ⊠ Delete | TITLE | AHUGH HOLLEN | 1-6. 3312 | | - |
| NAME | SALMI, DEBRA | Delete | NAME | M. H. com B | nams | ∐ Uhange | 💢 Addition |
| STREET ADDRESS | 14452 POND PLACE DRIVE | | STREET ADDRESS | 1/2722 92 | Deriver R | Du Gr | |
| CITY-ST-ZIP | JACKSONVILLE FL 32223 | | CITY-ST-ZIP | 123 36 | THE PARTY | 77 - | |
| TITLE | T | ☐ Delete | TITLE | DOKINALI | | <u>(・ </u> | |
| NAME | RICHARDSON, HOLLY | C Delete | NAME | | | ☐ Change | ☐ Addition |
| STREET ADDRESS | 16701 SEAGULL BAY COURT | | STREET ADDRESS | | | | |
| CITY-ST-ZIP | BOKEELIA FL 33122 | | CITY-ST-ZIP | | | | |
| TITLE | DONELLIA 12 30122 | | <u> </u> | | · | | |
| NAME | | ☐ Delete | TITLE | | | Change | ☐ Addition |
| STREET ADDRESS | | | NAME | | | | |
| CITY-ST-ZIP | | | STREET ADDRESS | | | | |
| | | | CITY-ST-ZIP | | | | |
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| NAME | | | NAME | | | | |
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| TITLE | | ☐ Delete | TITLE | | | ☐ Change | Addition |
| NAME | | | NAME | | | L Glange | |
| STREET ADDRESS | | | STREET ADDRESS | | | |] |
| CITY-ST-ZIP | | | CITY CT 7ID | | | | |

12. Thereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

SIGNATURE

239-282-1181 /-*/7-63*