

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000000716

1. Entity Name

SEAHORSE LANDING CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

4050 G ST.
CEDAR KEY FL 32625
US

Mailing Address

4050 G ST.
CEDAR KEY FL 32625
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

LEHMAN, MEL
2444 NE FIRST BLVD
STE 500
GAINESVILLE FL 32609

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

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

TITLE	PD	☒ Delete
NAME	POWERS, EDGAR	
STREET ADDRESS	5515 BAHIA MAR CIR	
CITY-ST-ZIP	STONE MOUNTAIN GA 30087	
TITLE	TD	☐ Delete
NAME	BURNS, DOUGLAS C	
STREET ADDRESS	3725 ORCHARD ST	
CITY-ST-ZIP	NORCROSS GA 30092	
TITLE	SD	☐ Delete
NAME	DARNALL, DIANE	
STREET ADDRESS	1315 DELANEY AVE	
CITY-ST-ZIP	ORLANDO FL 32806	
TITLE	VP	☐ Delete
NAME	LEHMAN, MEL	
STREET ADDRESS	2444 NE 1ST BLVD STE 500	
CITY-ST-ZIP	GAINESVILLE FL 32609	
TITLE	VP	☐ Delete
NAME	TAYLOR, RONNIE	
STREET ADDRESS	16333 ANDREWS CIR	
CITY-ST-ZIP	CEDAR KEY FL 32625	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. PD ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	☐ Change ☒ Addition
NAME	Budnick, Edward	
STREET ADDRESS	398 E Evergreen Ave.	
CITY-ST-ZIP	Philadelphia PA 19118	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/07/01 770 662 5291

FILED
Jan 22, 2001 8:00 am
Secretary of State

01-22-2001 90148 041 ****61.25

00007809



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3325575 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

0020834

CR2E037 (10/00)