

2002 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

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

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 Ronnie Taylor
Street Address (P.O. Box Number is Not Acceptable)
16333 Andrews Circle
City Cedar Key FL Zip Code 32625

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
NAME BUDRICK, EDWARD
STREET ADDRESS 398 E EVERGREEN AVENUE
CITY-ST-ZIP PHILADELPHIA PA 19118 ☐ Delete

TITLE TD
NAME BURNS, DOUGLAS C
STREET ADDRESS 3725 ORCHARD ST
CITY-ST-ZIP NORCROSS GA 30092 ☐ Delete

TITLE SD
NAME DARNALL, DIANE
STREET ADDRESS 1315 DELANEY AVE
CITY-ST-ZIP ORLANDO FL 32806 ☒ Delete

TITLE VP
NAME LEHMAN, MEL
STREET ADDRESS 2444 NE 1ST BLVD STE 500
CITY-ST-ZIP GAINESVILLE FL 32609 ☒ Delete

TITLE VP
NAME TAYLOR, RONNIE
STREET ADDRESS 16333 ANDREWS CIR
CITY-ST-ZIP CEDAR KEY FL 32625 ☐ 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 SD
NAME Ellen Mady
STREET ADDRESS 2144 Lakeside Drive East
CITY-ST-ZIP Farnadina Beach FL 32034 ☒ Change ☐ Addition

TITLE VP
NAME Samuel Low
STREET ADDRESS 4646 NW 12th Place
CITY-ST-ZIP Gainesville FL 32605 ☒ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-18-02

Date

770 662 5291

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)