

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

FILED
May 27, 2003 8:00 am
Secretary of State

5/

05-05-2003 90251 006 ***61.25

DOCUMENT # N96000000667

1. Entity Name

SEA AIR TOWERS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**3725 SOUTH OCEAN DRIVE
HOLLYWOOD FL 33019**

Mailing Address
**3725 SOUTH OCEAN DRIVE
HOLLYWOOD FL 33019**

55044055



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0643211**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**HYMAN, MICHAEL
MUSEUM TOWER 27TH FLOOR
150 WEST FLAGLER STREET
MIAMI FL 33130**

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
NAME **DA CRUZ, JACK**
STREET ADDRESS **3725 SOUTH OCEAN DRIVE, APT 1611**
CITY-ST-ZIP **HOLLYWOOD FL 33019**

TITLE **Jose MELCHOR** ☐ Change ☒ Addition
NAME **3725 S. OCEAN DRIVE, APT. 1609**
STREET ADDRESS **HOLLYWOOD, FL. 33019**
CITY-ST-ZIP **SD**

TITLE **VPD** ☐ Delete
NAME **SIERRA, MARTHA**
STREET ADDRESS **3725 S OCEAN DRIVE APT 818**
CITY-ST-ZIP **HOLLYWOOD FL 33019**

TITLE **OSCAR SOTO LONGO** ☐ Change ☒ Addition
NAME **3725 S. OCEAN DR. APT. 1124**
STREET ADDRESS **HOLLYWOOD, FL. 33019**
CITY-ST-ZIP **VPD**

TITLE **VPD** ☒ Delete
NAME **VILA, MANUEL**
STREET ADDRESS **3725 S OCEAN DRIVE APT 402**
CITY-ST-ZIP **HOLLYWOOD FL 33019**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **ID** ☐ Delete
NAME **ZAYAS, CARLOS**
STREET ADDRESS **3725 S OCEAN DR**
CITY-ST-ZIP **HOLLYWOOD FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** ☒ Delete
NAME **GONZALEZ, DARIO**
STREET ADDRESS **3725 S OCEAN DRIVE APT 605**
CITY-ST-ZIP **HOLLYWOOD FL 33019**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)