

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

FILED
Feb 18, 2003 8:00 am
Secretary of State

1/21/2001

01-21-2003 90602 046 ****61.25

DOCUMENT # N96000001735

1. Entity Name
SEA OATS BY THE BAY CONDOMINIUM ASSOCIATION, INC



Principal Place of Business
**7470 CRYSTAL BCH RD.
RAPID CITY MI 49676**

Mailing Address
**7470 CRYSTAL BCH RD.
RAPID CITY MI 49676**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-1042289**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WILSON, ROBERT J 5089 INDIAN GARDEN PETOSKEY MI 49770	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SACKRIDER, BENNIE 5089 INDIAN GARDEN PETOSKEY MI 49770	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BIEHL, JERRY 7470 CRYSTAL BEACH ROAD RAPID CITY MI 49676	☐ 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	Pres Bobbie Wright 5140 Jones Landing Petoskey, Mich 49770	☒ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice Bennie Sackrider 5143 Indian Garden Petoskey, Mich 49770	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Robert Wilson 5089 Indian Garden Petoskey, Mich 49770	☒ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E037 (10/02)