

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000003564

1. Entity Name

SEA PEARL OF BREVARD CONDOMINIUM ASSOCIATION, IN

FILED
May 11, 2000 8:00 am
Secretary of State

05-11-2000 90310 012 ****61.25

| | |
|---|--|
| Principal Place of Business | Mailing Address |
| 1575 NORTH HWY A1A 100 INDIALANTIC FL 32903 US | 1575 NORTH HWY A1A 100 INDIALANTIC FL 32903-2750 US |



DO NOT WRITE IN THIS SPACE

| | |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |

| | |
|---------------|---|
| 4. FEI Number | Applied For |
| 59-3425113 | <input type="checkbox"/> Not Applicable |

| | | | | | |
|-----|---------|-----|---------|----------------------------------|---|
| Zip | Country | Zip | Country | 5. Certificate of Status Desired | <input type="checkbox"/> \$8.75 Additional Fee Required |
|-----|---------|-----|---------|----------------------------------|---|

6. Name and Address of Current Registered Agent

MARRS, KEVIN C
 1617 COOLING AVE
 MELBOURNE
 MELBOURNE FL 32935

7. Name and Address of New Registered Agent

Name: _____
 Street Address (P.O. Box Number is Not Acceptable): _____
 City: _____ FL _____

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| | | |
|-----------------------------|--|---|
| FILE NOW: FEE IS \$61.25 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | Make Check Payable to Department of State |
|-----------------------------|--|---|

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD ACE, BETTY 1575 NORTH WAY A1A #714 INDIALANTIC FL 32903 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD RASCHBACHER, JOHN 1575 NORTH WAY A1A #313 INDIALANTIC FL 32903 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD OFFENBERG, DAVID 1575 N HWY A1A INDIALANTIC FL 32903 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD GERARDO, TONY 1575 N HWY A1A INDIALANTIC FL 32903 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SAVAGE, JAYNE 1575 NORTH HWY A1A #213 INDIALANTIC FL 32903 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PRESIDENT John Callahan 1575 N. Hwy A1A # 812 Indialantic, Fl 32903 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VICE PRESIDENT BOB ACE 1575 N Hwy A1A # 714 Indialantic Fl. 32903 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TREASURER Dawe Offenborg 1575 N Hwy A1A # 513 Indialantic Fl 32903 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Secretary Al Hatfield 1575 N Hwy A1A # 413 Indialantic Fl 32903 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Neil Fox 1575 N. Hwy A1A # 411 Indialantic Fl 32903 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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: _____ DATE: APRIL 27, 2000 DAYTIME PHONE #: 321 726 8037

CRE037 (9/99)