

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000001332

1. Entity Name

SEA ISLE VILLAS CONDOMINIUM ASSOCIATION, INC.

**FILED**  
Jul 10, 2001 8:00 am  
Secretary of State

07-10-2001 90003 044 \*\*\*\*61.25

Principal Place of Business

8640 SEMINOLE BOULEVARD  
SEMINOLE FL 33772

Mailing Address

1904 N. GULF BLVD.  
INDIAN ROCKS BEACH FL 33785

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

59-3476316

Applied For

Not Applicable

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

HOFSTRA, PETER T  
8640 SEMINOLE BOULEVARD  
SEMINOLE FL 33772

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

*Theodore Tecza*  
Signature, typed or printed name of registered agent and then applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*July 3 2001*

**FILE NOW: FEE IS \$61.25**  
**After September 12, 2001, min. will be \$236.25**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  
NAME TECZA, THEODORE  
STREET ADDRESS 1904 GULF BOULEVARD  
CITY-ST-ZIP INDIAN ROCKS BEACH FL 33785 ☐ Delete

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

TITLE VD  
NAME TECZA, MICHELE  
STREET ADDRESS 1904 GULF BOULEVARD  
CITY-ST-ZIP INDIAN ROCKS BEACH FL 33785 ☐ Delete

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

TITLE STD  
NAME TECZA, PHYLLIS  
STREET ADDRESS 1904 GULF BOULEVARD  
CITY-ST-ZIP INDIAN ROCKS BEACH FL 33785 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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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: *Theodore Tecza* SIGNATURE REQUIRED

*July 3 2001 (727) 595-8928*

CR2E037 (5/01)