

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000001332

1. Entity Name

SEA ISLE VILLAS CONDOMINIUM ASSOCIATION, INC.

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

2189 Cleveland St
Suite, Apt. #, etc.
#225

3. Mailing Address

2189 Cleveland St
Suite, Apt. #, etc.
#225

City & State
Clearwater

City & State
Clearwater, FL

Zip
33765

Country
USA

Zip
33765

Country
USA

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

HOFSTRA, PETER T
8640 SEMINOLE BOULEVARD
SEMINOLE FL 33772

7. Name and Address of New Registered Agent

Name
Leonard A. Leighton
Street Address (P.O. Box Number is Not Acceptable)
2189 Cleveland St #225
Clearwater FL Zip Code 33765

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

Make Check Payable to
Department of State

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TECZA, THEODORE 1904 GULF BOULEVARD INDIAN ROCKS BEACH FL 33785	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TECZA, MICHELE 1904 GULF BOULEVARD INDIAN ROCKS BEACH FL 33785	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD TECZA, PHYLLIS 1904 GULF BOULEVARD INDIAN ROCKS BEACH FL 33785	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RIOS, JUAN 1904 GULF BLVD. INDIAN ROCKS BEACH, FL 33785	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CARVER, JOHN 1904 GULF BLVD. INDIAN ROCKS BEACH, FL 33785	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input 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:

PHYLLIS TECZA REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 18, 2002

Date

Daytime Phone #

FILED
Jun 23, 2002 8:00 am
Secretary of State

05-28-2002 91762 039 ****61.25

36536



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)