

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

FILED
Apr 07, 2003 8:00 am
Secretary of State

03-24-2003 90648 007 ****61.25

DOCUMENT # N98000001332

1. Entity Name

SEA ISLE VILLAS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

~~2100 CLEVELAND STREET~~
~~#225~~
~~CLEARWATER FL 33765~~
~~US~~

Mailing Address

~~2100 CLEVELAND STREET~~
~~#225~~
~~CLEARWATER FL 33765~~
~~US~~

2. Principal Place of Business

1904 GULF BLVD

Suite, Apt. #, etc.

3. Mailing Address

PO Box 618

Suite, Apt. #, etc.

City & State

Indian Rocks Bch FL

City & State

Bay Pines FL

Zip

33785

Country

USA

Zip

33744

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

~~LEIGHTON, LENNARD A.~~
~~2100 CLEVELAND STREET #225~~
~~CLEARWATER FL 33765~~

7. Name and Address of New Registered Agent

Name **Lisa Cercek**

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

19455 Gulf Blvd

City

Indian Shores FL

Zip Code

33785

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

Lisa Cercek

Signature, typed or printed name of registered agent and title if applicable.

[Signature]

(NOTE: Registered Agent signature required when reinstating)

3/17/03

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 **PD**
STREET ADDRESS **RIOS, JUAN**
CITY-ST-ZIP **1904 GULF BLVD.**
INDIAN ROCKS BEACH FL 33785

☐ Delete

TITLE
NAME **VPD**
STREET ADDRESS **TECZA, PHYLLIS**
CITY-ST-ZIP **1904 GULF BOULEVARD**
INDIAN ROCKS BEACH FL 33785

☐ Delete

TITLE
NAME **STD**
STREET ADDRESS **CARVER, JOHN**
CITY-ST-ZIP **1904 GULF BLVD.**
INDIAN ROCKS BEACH FL 33785

☐ 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 **PD**
STREET ADDRESS **JOHN CARVER**
CITY-ST-ZIP **1904 GULF BLVD A**
INDIAN ROCKS BEACH FL 33785

President

☒ Change ☐ Addition

TITLE
NAME **VPD**
STREET ADDRESS **MARY KENNEDY**
CITY-ST-ZIP **1904 GULF BLVD F**
INDIAN ROCKS BEACH FL 33785

Vice Pres

☒ Change ☒ Addition

TITLE
NAME **STD**
STREET ADDRESS **RAY DUFFINO, STD**
CITY-ST-ZIP **1904 GULF BLVD I**
INDIAN ROCKS BEACH FL 33785

Secretary

☒ Change ☒ Addition

TITLE
NAME **CHAD RODRIGUEZ**
STREET ADDRESS **1904 GULF BLVD C**
CITY-ST-ZIP **INDIAN ROCKS BEACH FL 33785**

Treas.

☒ Change ☒ Addition

TITLE
NAME **ERIC SENSON**
STREET ADDRESS **1904 GULF BLVD E**
CITY-ST-ZIP **INDIAN ROCKS BEACH FL 33785**

Director

☒ 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/20/03

707-29-878

CR2E037 (10/02)