2002 UNIFORM BUSINESS REPORT (UBR)

May 29, 2002 8:00 am Secretary of State DOCUMENT # N98000002974 05-03-2002 90023 003 ****61.25 SEA GEMS CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 2206 BEACH TRAIL 2200 DEAGH TRAIL INDIAN ROCKS BEACH FL 33785 INDIAN ROCKS BEACH FL 33785 2. Principal Place of Business 3. Mailing Address 880 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3689928 learwater Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired ≥ D.S. 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Advisor HEISTAND, PAUL 221 SECOND AVE N ST PETERSBURG FL 39791 Zip Code 3376 learwater 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 Z, 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE Delete TITLE SCHWANDT, WILLIAM (9/01) Reefe, Mark 6308 Wessel Court Eden Prairie, MN NAME NAME ONE 23RD. AVE. STREET ADDRESS STREET ADDRESS INDIAN ROCKS BEACH FL 99785 CR2E037 CDY-ST-70 CITY-ST-ZIP TITLE McCaffrey, Doug 10028 - 87th Street N. Delete MLE MCCAFFERY, DOUG **Addition** NAME NAME ONE 23RD AVE STREET ADDRESS STREET ADDRESS INDIAN ROCKS BEACH FL 09705 CITY-ST-ZIP-CITY-ST-ZIP targo FT 33777 TITLE Delete TITLE KUCHLER, DON Change Change ✓ Addition NAME BoH, Barbara NAME 2200 BEACH TRAIL #7 STREET ADDRESS 4501 West Dale Ave. STREET ADDRESS INDIAN ROCKS BEACH FL 88785 CITY-ST-ZIP CITY-ST-ZIP Tampa, R TITLE Delete TITLE DAWES, JANIE . 45 ☐ Change ☐ Addition NAME NAME 2206 BEACH TRAIL #9 STREET ADDRESS STREET ADDRESS INDIAN ROCKS BEACH FL 39785 CITY-ST-ZIP CITY-ST-ZIE TITLE ☐ Delete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TiTLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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 frustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

CITY-ST-ZIP

FILED