

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000007311

1. Entity Name

SEABONAY BEACH RESORT OWNERS ASSOCIATION, INC.

FILED
May 31, 2000 8:00 am
Secretary of State

05-31-2000 90059 007 ****61.25

Principal Place of Business

1159 HILLSBORO MILE
HILLSBORO BEACH FL 33062

Mailing Address

1159 HILLSBORO MILE
HILLSBORO BEACH FL 33062

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

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

CELENTANO, VINCENT D
987 HILLSBORO MILE
HILLSBORO FL 33062

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

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

(NOTE: Registered Agent signature required when reinstating)

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
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PICKUP, STEVEN	
STREET ADDRESS	894 S.W. 9TH ST. CIR., #6	
CITY-ST-ZIP	BOCA RATON FL 33486	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HAGER, MICHAEL W	
STREET ADDRESS	2902 WATERFORD DR. S.	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FRIEDRICH, THERESA	
STREET ADDRESS	416 N.W. 24TH ST.	
CITY-ST-ZIP	WILTON MANORS FL 33311	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	President/Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Paul S. Jarvis	
STREET ADDRESS	1133 Fourth Street #200	
CITY-ST-ZIP	SARASOTA, FL 34236	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert Felice	
STREET ADDRESS	7518 Briar Cliff Circle	
CITY-ST-ZIP	Lake Worth, FL 33467	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Vincent L. Celentano	
STREET ADDRESS	6005 NW 100th Way	
CITY-ST-ZIP	Parkland, FL 33067	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 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 #

5/1/00 954 427-2525

CR2E037 (9/99)