2001 UNIFORM BUSINESS REPORT (UBR)

Jun 15, 2001 8:00 am Secretary of State DOCUMENT # N9900007311 1. Entity Name 05-17-2001 90023 001 ***450.00 SEABONAY BEACH RESORT OWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address 1159 HILLSBORO MILE 1159 HILLSBORO MILE HILLSBORO BEACH FL 33062 HILLSBORO BEACH FL 33062 2. Principal Place of Susiness 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number NOT APPLICABLE Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) CELENTANO, VINCENT D 987 HILLSBORO MILE HILLSBORO FL 33062 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 9. Election Campaign Financing FILE NOW: Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees FEE IS \$61.25 Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE Delete ▼ Addition CR2E037 (10/00) TITLE Director Change ukas JARVIS, PAUL S NAME NAME Deborah 4356 NW HAVE STREET ADDRESS 1133 FOURTH STREET, #200 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Pompano Beach, FL 33064 SARASOTA FL 34236 Delete ☐ Change TITLE TITLE Director ☐ Addition KATHIEEN MartiNO FELICE, ROBERT NAME NAME 408 liberty court STREET ADDRESS 7518 BRIAR CLIFF CIRCLE STREET ADDRESS Deerfield Beach, FL33442 CITY-ST-78 LAKE WORTH FL 33467 CITY-ST-ZIP TITLE Addition Delete P Time Change CELENTANO, VINCENT L. CELENTARIO, VINCENT L HAME NAME 6005 NW 100TH WAY STREET ADDRESS STREET ADDRESS PARKLAND FC. 33067 CITY-ST-ZII PARKLAND FL 33067 CITY-ST-ZIP 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 CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

SIGNATURE:

12. I hereby certify that the information supplied with this filling 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. REQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SH

Date Davime Shore #

FILED