

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 19, 2002 8:00 am
Secretary of State

05-24-2002 90556 034 ****61.25

DOCUMENT # 766716

1. Entity Name

SEABURY POINT PROPERTY OWNER'S ASSOCIATION, INC.

Principal Place of Business

Mailing Address

ATTN: BETTY HARRISON
 1637 SEABURY POINT ROAD, N.W.
 PALM BAY FL 32907
 US

ATTN: BETTY HARRISON
 1637 SEABURY POINT ROAD, N.W.
 PALM BAY FL 32907
 US

2. Principal Place of Business

3. Mailing Address

1690 Seabury Point Rd NW, Suite, Apt. #, etc.

1690 Seabury Point Road NW, Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Palm Bay, Florida

City & State

Palm Bay, Florida

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

32907

Country

U.S.A.

Zip

32907

Country

USA

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

HARRISON, BETTY K
 1637 SEABURY POINT ROAD, N.W.
 PALM BAY FL 32907

Name *Robert Apsey*
 Street Address (P.O. Box Number is Not Acceptable)
1690 Seabury Point Rd NW
 City *Palm Bay* FL Zip Code *32907*

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]

(NOTE: Registered Agent signature required when reinstating)

4-30-02

DATE

FILE NOW: FEE IS \$81.25

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	PD	<input checked="" type="checkbox"/> Delete
NAME	VOELKEL, JOHN C	
STREET ADDRESS	1651 SEABURY PT RD NW	
CITY-ST-ZIP	PALM BAY FL 32907	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	NEWMAN, WARREN	
STREET ADDRESS	1603 SEABURY POINT RD NW	
CITY-ST-ZIP	PALM BAY FL 32907	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	HARRISON, BETTY	
STREET ADDRESS	1637 SEABURY POINT RD NW	
CITY-ST-ZIP	PALM BAY FL 32907	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rob Apsey	
STREET ADDRESS	1690 Seabury Pt Rd NW	
CITY-ST-ZIP	Palm Bay FL 32907	
TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Cem Karner	
STREET ADDRESS	160 Rocket Lane Apt 339	
CITY-ST-ZIP	Melb FL 32902	
TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jim Stuver	
STREET ADDRESS	1512 Hattwellville St NW	
CITY-ST-ZIP	Palm Bay FL 32907	
TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kelly Solid	
STREET ADDRESS	1676 Seabury Point Rd NW	
CITY-ST-ZIP	Palm Bay FL 32907	
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] ROBERT APSEY Pres.

4-30-02

3217269592

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)