


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90413 023 ****61.25

DOCUMENT # 739432

1. Entity Name
 THE SEA GULL CONDOMINIUM ASSOCIATION, INC.




Principal Place of Business
 4440 OCEAN BEACH BLVD.
 COCOA BEACH, FL 32931

Mailing Address
 4440 OCEAN BEACH BLVD.
 COCOA BEACH, FL 32931

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

40076354



03272006 Chg-NP CR2E037 (11/05)

4. FEI Number
 59-2177739 Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HARTMAN, DAN
 1290 ROBBINSWOOD DRIVE
 ROCKLEDGE, FL 32955

7. Name and Address of New Registered Agent

Name CARI L. JORDAN
 Street Address (P.O. Box Number is Not Acceptable)
622 MINNESOTA AVENUE
 City St. Cloud FL Zip Code 34769

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2006

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	PD	<input type="checkbox"/> Delete
NAME	EMORY, JAMES E	
STREET ADDRESS	5120 PINTAIL LANE	
CITY-ST-ZIP	MERRITT ISLAND, FL 32953	
TITLE	D	<input type="checkbox"/> Delete
NAME	PRITCHETT, MRS. NELL	
STREET ADDRESS	2484 NEW FOUND HARBOR DRIVE	
CITY-ST-ZIP	MERRITT ISLAND, FL 32952	
TITLE	SD	<input type="checkbox"/> Delete
NAME	LAMONTAGUE, HENRY	
STREET ADDRESS	2013 KEWANEE TRAIL	
CITY-ST-ZIP	CASSELBERRY, FL 32707	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	NIELSEN, RAYMOND	
STREET ADDRESS	3125 NICHOLSON DRIVE	
CITY-ST-ZIP	WINTER PARK, FL 32792	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	KOVALCHIK, DANIEL	
STREET ADDRESS	335 LAKE POINT PLACE	
CITY-ST-ZIP	MERRITT ISLAND, FL 32953	
TITLE	D	<input type="checkbox"/> Delete
NAME	BUCKHOLTZ, DENNIS	
STREET ADDRESS	22332 CYMAN AVENUE	
CITY-ST-ZIP	WARREN, MI 48091	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TERRY GRAY	
STREET ADDRESS	22626 CAROLYN LANE	
CITY-ST-ZIP	ASTATULA, FL 34705	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCOTT ROBERTS	
STREET ADDRESS	2839 W. FAIRBANKS AVE	
CITY-ST-ZIP	WINTER PARK, FL 32789	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAMONTAGUE, HENRY	
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		
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 exemptions contained in Chapter 119, 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: Cari L. Jordan 4/20/06 321 783 4441
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #