



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90226 021 ****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		<p style="font-size: 24pt; font-weight: bold;">40084306</p> 	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01042007 Chg-NP CR2E037 (12/06) 4. FEI Number 59-2177739 <input type="checkbox"/> Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
JORDAN, CARI L 622 MINNESOTA AVE SAINT CLOUD, FL 34769				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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EMORY, JAMES E		NAME	JAMES E. EMORY	
STREET ADDRESS	5120 PINTAIL LANE		STREET ADDRESS	5120 PINTAIL LANE	
CITY-ST-ZIP	MERRITT ISLAND, FL 32953		CITY-ST-ZIP	MERRITT ISLAND, FL 32953	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PRITCHETT, MRS. NELL		NAME	JACK ROBBINS	
STREET ADDRESS	2484 NEW FOUND HARBOR DRIVE		STREET ADDRESS	2115 CAPE VIEW ST	
CITY-ST-ZIP	MERRITT ISLAND, FL 32952		CITY-ST-ZIP	MERRITT ISLAND, FL 32952	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LAMONTAGUE, HENRY		NAME	ROBERTS, SCOTT	
STREET ADDRESS	2013 KEWANEE TRAIL		STREET ADDRESS	2839 W. FAIRBANKS AVE	
CITY-ST-ZIP	CASSELBERRY, FL 32707		CITY-ST-ZIP	WINTER PARK, FL 32789	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAY, TERRY		NAME	GRAY, TERRY	
STREET ADDRESS	22626 CAROLYN LN		STREET ADDRESS	22626 CAROLYN LANE	
CITY-ST-ZIP	ASTATULA, FL 34705		CITY-ST-ZIP	ASTATULA, FL 34705	
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOVALCHIK, DANIEL		NAME	KOVALCHIK, DANIEL	
STREET ADDRESS	335 LAKE POINT PLACE		STREET ADDRESS	335 LAKE POINT PL	
CITY-ST-ZIP	MERRITT ISLAND, FL 32953		CITY-ST-ZIP	MERRITT ISLAND, FL 32953	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUCKHOLTZ, DENNIS		NAME		
STREET ADDRESS	22332 CYMAN AVENUE		STREET ADDRESS		
CITY-ST-ZIP	WARREN, MI 48091		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: <i>Cari L. Jordan</i>		CARI L. JORDAN		4/18/07 321-783-4441	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	

ATTACHMENT

40084306

2007 NOT FOR PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT #139432

SEAGULL CONDOMINIUM ASSOCIATION, INC.

ATTACHMENT

BLK. 11 - ADDITIONS

TITLE: DIRECTOR
NAME: ASH, LEROY
STREET ADD: 1430 MARENE DRIVE
CITY-ST-ZIP HARRISBURG, PA 17109

TITLE: M - MANAGING DIRECTOR
NAME: JORDAN, CARI L.
STREET ADD: 622 MINNESOTA AVENUE
CITY-ST-ZIP SAINT CLOUD, FL 34769