2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2004 8:00 am
Secretary of State
02-19-2004 90011 038 ****61.25

DOCUMENT # 741183

1. Entity Name
SEA PALMS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
3200 N. A1A FT. PIERCE, FL 34949	3200 N. A1A FT. PIERCE, FL 34949

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01212004 Chg-NP CR2E037 (10/03)

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 59-1870269 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ROSS, DEBORAH L. ESQ.
C/O CORNETT, GOOGE, ROSS & EARLE, P.A.
401 EAST OSCEOLA STREET
STUART, FL 34994

7. Name and Address of New Registered Agent

Name [illegible]
Street Address (P.O. Box Number is Not Acceptable)
C/O Ross Earle & Bonan, PC
759 S. Federal Highway - Suite 212
City Stuart FL Zip Code 34994

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

Filing Fee is $61.25
Due by May 1, 2004

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD WILLIAM, MOORE 3200 N A1A #102 FT. PIERCE, FL 34949	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Theriault, Leonard 3200 N. A1A - #103 Fort Pierce, FL 34949	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SAVORY, FRANK 3200 N A1A #1205 FT. PIERCE, FL 34949	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GRANGE, JOHN T 3200 N A1A #1110 FORT PIERCE, FL 34949	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD KIMBLE, WILLIAM 3200 N A1A #601 FORT PIERCE, FL 34949	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S DORAN, JOHN 3200 N A1A #903 FT PIERCE, FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Coxson, Louise 3200 N. A1A - #405 Fort Pierce, FL 34949	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HOFFER, GEORGE 3200 N A1A #607 FT PIERCE, FL 34949	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Stevens, Robert 3200 N. A1A - #802 Fort Pierce, FL 34949	☐ Change ☒ Addition

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] Trustee 2-11-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #