


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90081 015 ****61.25

DOCUMENT # 748883					
1. Entity Name SETON BY THE SEA CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 8000 RIDGEWOOD AVENUE CAPE CANAVERAL, FL 32920 US			Mailing Address 1980 N ATLANTIC AVENUE 701 COCOA BEACH, FL 32931 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
DAVIS, PETEY 1980 N ATLANTIC AVE #701 COCOA BEACH, FL 32931				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, 2004		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	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KENNEDY, GENE		NAME	Kennedy, Gene	
STREET ADDRESS	8000 RIDGEWOOD AVENUE, #106		STREET ADDRESS		
CITY-ST-ZIP	CAPE CANAVERAL, FL 32920		CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	DD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOLD, CHERYL		NAME	Bold, Cheryl	
STREET ADDRESS	8000 RIDGEWOOD AVENUE, #206		STREET ADDRESS		
CITY-ST-ZIP	CAPE CANAVERAL, FL 32920		CITY-ST-ZIP		
TITLE	STD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ATKINSON, ARLENE		NAME		
STREET ADDRESS	8000 RIDGEWOOD AVENUE, #105		STREET ADDRESS		
CITY-ST-ZIP	CAPE CANAVERAL, FL 32920		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, META		NAME		
STREET ADDRESS	8000 RIDGEWOOD AVENUE, #104		STREET ADDRESS		
CITY-ST-ZIP	CAPE CANAVERAL, FL 32920		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <u>Cheryl A. Bold</u>			Date: <u>4/20/04</u>		Daytime Phone #: <u>799-4442</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					