


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 11, 2005 8:00 am
Secretary of State

02-11-2005 90050 032 ****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 200 North First Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Cocoa Beach FL	
Zip	Country	Zip 32931	Country USA



1st MOORE CR2E037 (10/04)

4. FEI Number 59-2167202		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			

6. Name and Address of Current Registered Agent DAVIS, PETEY 1980 N ATLANTIC AVE #701 COCOA BEACH FL 32931		7. Name and Address of New Registered Agent Name Marilyn A. Rigerman Street Address (P.O. Box Number is Not Acceptable) 200 North First Street City Cocoa Beach FL Zip Code 32931	
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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 *Marilyn A. Rigerman* *Marilyn A. Rigerman* DATE _____
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25 Due By May 1, 2005	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
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	DVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KENNEDY, GENE		NAME	Sheila Barry	
STREET ADDRESS	8000 RIDGEWOOD AVENUE, #106		STREET ADDRESS	8000 Ridgewood Ave	
CITY-ST-ZIP	CAPE CANAVERAL FL 32920		CITY-ST-ZIP	Cape Canaveral FL 32920	
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOLD, CHERYL		NAME		
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: *Cheryl A Bold Cheryl Bold* *2/1/05* Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR