
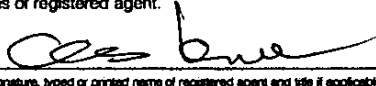



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2006 8:00 am
Secretary of State

02-24-2006 90014 028 ****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 200 NORTH FIRST STREET COCOA BEACH, FL 32931 US	
2. Principal Place of Business		3. Mailing Address 8000 RIDGEWOOD AVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State CAPE CANAVERAL FL	
Zip	Country	Zip	Country
32920		32920	BREVARD
6. Name and Address of Current Registered Agent RIGERMAN, MARILYN A 200 NORTH FIRST STREET COCOA BEACH, FL 32931		7. Name and Address of New Registered Agent Name: CHARLES KANE Street Address (P.O. Box Number is Not Acceptable): 4510 DEANNA COURT City: MERRITT ISLAND FL Zip Code: 32953	
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: 		CHARLES KANE 2-21-06	
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, 2006		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	VD <input type="checkbox"/> Delete	TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARRY, SHEILA	NAME	SHEILA BARRY
STREET ADDRESS	8000 RIDGEWOOD AVE	STREET ADDRESS	8000 RIDGEWOOD AVE # 102
CITY-ST-ZIP	CAPE CANAVERAL, FL 32920	CITY-ST-ZIP	CAPE CANAVERAL FL 32920
TITLE	PD <input checked="" 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	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ATKINSON, ARLENE	NAME	ARLENE ATKINSON
STREET ADDRESS	8000 RIDGEWOOD AVENUE; #105	STREET ADDRESS	8000 RIDGEWOOD AVE # 105
CITY-ST-ZIP	CAPE CANAVERAL, FL 32920	CITY-ST-ZIP	CAPE CANAVERAL FL 32920
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	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	PAUL SUMMERS
STREET ADDRESS		STREET ADDRESS	6908 HALLWOOD COURT
CITY-ST-ZIP		CITY-ST-ZIP	LOUISEVILLE, KY 40291
TITLE	<input type="checkbox"/> Delete	TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	GEORGE GOTTWALD
STREET ADDRESS		STREET ADDRESS	55 PATROON PLACE
CITY-ST-ZIP		CITY-ST-ZIP	BAULSTON LAKE, NY. 12019
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 118, 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: 		2-17-2006	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	