


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 08:00 AM
Secretary of State

DOCUMENT # 751871
 1. Entity Name
 SEA TREAT CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 2110 GULF BLVD PO BOX 763 INDIAN ROCKS BCH, FL 33785 US	Mailing Address 2110 GULF BLVD PO BOX 763 INDIAN ROCKS BCH, FL 33785-0763 US
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04202004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2027109	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
 MARION L MILLER
 155 COE RD
 BELLEAIR FL, FL 33756

DO NOT WRITE IN THIS SPACE

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

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

1100000126312
 04/23/04-80028-025 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERGUSON, THOMAS 1810 EAST MAIN ST GREENFIELD, IN 46140
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REAM, BENJAMIN 2110 GULF BLVD INDIAN ROCKS BEACH, FL 33785
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HALL, CLETIA 1150 WHISPER RUN CT LUTZ, FL 33549
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TOMBLIN, WILLIAM 1400 GULF BLVD CLEARWATER, FL 33767
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MAGES, ELMER 10170 EDELWEISS CIRLCE SHAWNEE MISSION, KS 66203
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MILLER, MARION 155 COE RD BELLEAIR, FL

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Benjamin Ream Benjamin Ream 4/21/04 727-517-1162
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #