


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2005 8:00 am
Secretary of State

02-10-2005 90040 018 ****61.25

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		
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	
MARION L MILLER 155 COE RD BELLEAIR FL, FL 33756				Name <i>Benjamin Ream</i>	
				Street Address (P.O. Box Number is Not Acceptable) <i>2110 Gulf Blvd.</i>	
				<i>Unit # 7</i>	
				City <i>Indian Rocks Beach</i>	FL
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 <i>Benjamin Ream Benjamin Ream Secretary / Treasurer 2/7/05</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing 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					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FERGUSON, THOMAS		NAME	<i>Estelle Blake</i>	
STREET ADDRESS	1810 EAST MAIN ST		STREET ADDRESS	<i>2110 Gulf Blvd</i>	
CITY-ST-ZIP	GREENFIELD, IN 46140		CITY-ST-ZIP	<i>Indian Rocks Beach, FL 33785</i>	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	STO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REAM, BENJAMIN		NAME	<i>Benjamin Ream</i>	
STREET ADDRESS	2110 GULF BLVD		STREET ADDRESS	<i>2110 Gulf Blvd.</i>	
CITY-ST-ZIP	INDIAN ROCKS BEACH, FL 33785		CITY-ST-ZIP	<i>Indian Rocks Beach, FL 33785</i>	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALL, CLETIA		NAME	<i>Cletia Hall</i>	
STREET ADDRESS	1150 WHISPER RUN CT		STREET ADDRESS	<i>1150 Whisper Run Ct</i>	
CITY-ST-ZIP	LUTZ, FL 33549		CITY-ST-ZIP	<i>Lutz, FL 33558</i>	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOMBLIN, WILLIAM		NAME		
STREET ADDRESS	1400 GULF BLVD		STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER, FL 33767		CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAGES, ELMER		NAME		
STREET ADDRESS	10170 EDELWEISS CIRLCE		STREET ADDRESS		
CITY-ST-ZIP	SHAWNEE MISSION, KS 66203		CITY-ST-ZIP		
TITLE	ST	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, MARION		NAME		
STREET ADDRESS	155 COE RD		STREET ADDRESS		
CITY-ST-ZIP	BELLEAIR, FL		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: <i>Benjamin Ream Benjamin Ream 2/7/05 727-517-1162</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

