2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2005 8:00 am
Secretary of State
04-06-2005 90093 017 ****61.25

DOCUMENT # 760667

1. Entity Name
SEA HAVEN CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
6100 AIA SOUTH SAINT AUGUSTINE, FL 32080	6100 AIA SOUTH SAINT AUGUSTINE, FL 32080

04042005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2215816 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WARD-BYRD, SANDI
6100 A1A SOUTH
#520
ST AUGUSTINE, FL 32084

7. Name and Address of New Registered Agent

Name Thomsen William F.
Street Address (P.O. Box Number is Not Acceptable) 6100 AIA South #214
City St. Augustine **FL** Zip Code 32080

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 _____ 4/4/05
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, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD WARD-BYRD, SANDI 6100 A1A S. #520 SAINT AUGUSTINE, FL 32080	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Thomsen, William F. 131 Heron's Nest Lane St. Augustine FL 32080-5855	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD MARTIN, MICHELE 6100 A1A S. #112 SAINT AUGUSTINE, FL 32080	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD Richter, Donald 6100 A1A South #115 St. Augustine FL 32080	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD THOMSEN, WILLIAM 131 HERON'S NEST LANE SAINT AUGUSTINE, FL 320805855	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Crews, Barton 363 Doctors Lake Drive Orange PARK FL 32065	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D REIFEL, ROBERT 2126 NW 11TH AVENUE GAINESVILLE, FL 32603	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Grey, Kelly 1843 CR 209B Green Cove Springs FL 32608	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD WEINMAN, DOROTHY 6100 A1A S #114 ST. AUGUSTINE, FL 32084	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Martin, Michele 6100 A1A South #112 St. Augustine FL 32080	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: _____ 4/4/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #