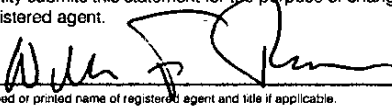


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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 6100 AIA SOUTH SAINT AUGUSTINE, FL 32080			Mailing Address 6100 AIA SOUTH SAINT AUGUSTINE, FL 32080		
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	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
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 St. Augustine FL 32080 City FL Zip Code	
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  Signature, typed or printed name of registered agent and title if applicable.				DATE 4/4/05 (NOTE: Registered Agent signature required when reinstating)	
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	PD	☒ Delete	TITLE	PD	☒ Change ☐ Addition
NAME	WARD-BYRD, SANDI		NAME	Thomsen, William F.	
STREET ADDRESS	6100 A1A S. #520		STREET ADDRESS	131 Heron's Nest Lane	
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32080		CITY-ST-ZIP	St. Augustine FL 32080-5855	
TITLE	TD	☐ Delete	TITLE	VD	☐ Change ☒ Addition
NAME	MARTIN, MICHELE		NAME	Richter, Donald	
STREET ADDRESS	6100 A1A S. #112		STREET ADDRESS	6100 A1A South #115	
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32080		CITY-ST-ZIP	St. Augustine FL 32080	
TITLE	VD	☐ Delete	TITLE	TD	☐ Change ☒ Addition
NAME	THOMSEN, WILLIAM		NAME	Crews, Barton	
STREET ADDRESS	131 HERON'S NEST LANE		STREET ADDRESS	363 Doctors Lake Drive	
CITY-ST-ZIP	SAINT AUGUSTINE, FL 320805855		CITY-ST-ZIP	Orange PARK FL 32065	
TITLE	D	☒ Delete	TITLE	SD	☐ Change ☒ Addition
NAME	REIFEL, ROBERT		NAME	Grey, Kelly	
STREET ADDRESS	2126 NW 11TH AVENUE		STREET ADDRESS	1843 CR 209B	
CITY-ST-ZIP	GAINESVILLE, FL 32603		CITY-ST-ZIP	Green Cove Springs FL 32608	
TITLE	SD	☒ Delete	TITLE	D	☒ Change ☐ Addition
NAME	WEINMAN, DOROTHY		NAME	Martin, Michele	
STREET ADDRESS	6100 A1A S #114		STREET ADDRESS	6100 A1A South #112	
CITY-ST-ZIP	ST. AUGUSTINE, FL 32084		CITY-ST-ZIP	St. Augustine FL 32080	
TITLE	☐ Delete		TITLE	☐ Change ☐ 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				DATE 4/4/05 Daytime Phone #	