

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2007 8:00 am
Secretary of State

02-22-2007 90014 037 ****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 - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		01152007 Chg-NP CR2E037 (12/06)
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 THOMSEN, WILLIAM F 6100 A1A SOUTH #214 ST AUGUSTINE, FL 32084			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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 _____ (NOTE: Registered Agent Signature Required when Constituting) Signature, typed or printed name of registered agent and title (if applicable)					
Filing Fee is \$61.25 Due by May 1, 2007		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 THOMSEN, WILLIAM F 131 HERON'S NEST AVE SAINT AUGUSTINE, FL 32080	☐ Delete			
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 SAINT AUGUSTINE, FL 32080	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD CREWS, BARTOM 363 DOCTORS LAKE DR ORANGE PARK, FL 32065	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD GREY, KELLY 1843 CR 20 9B GREEN COVE SPRINGS, FL 32608	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD	☒ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D	☒ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____	☐ Change ☐ Addition			
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 exemptions contained in Chapter 119, 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				2-16-07 Date	