

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 25, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N00000000651**

1. Entity Name  
**SEA COLONY NEIGHBORHOOD ASSOCIATION, INC.**



Principal Place of Business  
**432 OSCEOLA AVE  
JACKSONVILLE BEACH, FL 32250**

Mailing Address  
**432 OSCEOLA AVE  
JACKSONVILLE BEACH, FL 32250**

**DO NOT WRITE IN THIS SPACE**



01202005 No Chg-NP CR2E037 (10/03)

4. FEI Number  
**59-3634949**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**MCGARVEY, JAMES N  
2453 SOUTH THIRD STREET  
JACKSONVILLE BEACH, FL 32250**

**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 \_\_\_\_\_

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**

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME MCGARVEY JR, JAMES N  
STREET ADDRESS 432 OSCEOLA AVENUE  
CITY-ST-ZIP JACKSONVILLE BEACH, FL 32250

TITLE SD  
NAME KELLEY, PATRICIA H  
STREET ADDRESS 432 OSCEOLA AVENUE  
CITY-ST-ZIP JACKSONVILLE BEACH, FL 32250

TITLE TD  
NAME HERRING, DINAH K  
STREET ADDRESS 432 OSCEOLA AVENUE  
CITY-ST-ZIP JACKSONVILLE BEACH, FL 32250

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

~~1100000330935  
04/25/05 80178-025 8.75~~

1100000330935  
04/25/05-80178-025 61.25

**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)(j), 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  
**Patricia H. Kelley**

Date **03/31/05** Daytime Phone # **904-247-9160**