


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # NQ0000000651

1. Entity Name
SEA COLONY NEIGHBORHOOD ASSOCIATION, INC.



Principal Place of Business Mailing Address

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

DO NOT WRITE IN THIS SPACE



02222006 No Chg-NP CR2E037 (11/05)

4. FEI Number Applied For
59-3634949 (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

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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 reinstating) _____ DATE _____

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCGARVEY JR, JAMES N 432 OSCEOLA AVENUE JACKSONVILLE BEACH, FL 32250
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KELLEY, PATRICIA H 432 OSCEOLA AVENUE JACKSONVILLE BEACH, FL 32250
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HERRING, DINAH K 432 OSCEOLA AVENUE JACKSONVILLE BEACH, FL 32250
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 05/12/06-80084-018 61.25

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: Patricia H Kelley 3-27-06 904-247-9160

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #