

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2008 8:00 am
Secretary of State

03-06-2008 90051 007 ****61.25

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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3634949	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MCGARVEY, JAMES N MAY MANGT. SERVICES 5455 A19 SOUTH SAINT AUGUSTINE, FL 32080			Name <u>MAY Management Services, Inc</u> Street Address (P.O. Box Number is Not Acceptable) <u>5455 A1A S</u> City <u>St. Augustine</u> FL Zip Code <u>32080</u>		
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: <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	NAME MCGARVEY JR, JAMES N	<input checked="" type="checkbox"/> Delete	TITLE P	NAME Lois Houghton	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 432 OSCEOLA AVENUE	JACKSONVILLE BEACH, FL 32250		STREET ADDRESS 828 Ocean Palm Way	St. Augustine FL 32080	
CITY-ST-ZIP	JACKSONVILLE BEACH, FL 32250		CITY-ST-ZIP	St. Augustine FL 32080	
TITLE SD	NAME KELLEY, PATRICIA H	<input checked="" type="checkbox"/> Delete	TITLE VP	NAME Jeffery Harrison	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 432 OSCEOLA AVENUE	JACKSONVILLE BEACH, FL 32250		STREET ADDRESS 432 Ocean Grove Circle	St. Augustine FL 32080	
CITY-ST-ZIP	JACKSONVILLE BEACH, FL 32250		CITY-ST-ZIP	St. Augustine FL 32080	
TITLE TD	NAME HERRING, DINAH K	<input checked="" type="checkbox"/> Delete	TITLE S	NAME Jennifer Koppman	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 432 OSCEOLA AVENUE	JACKSONVILLE BEACH, FL 32250		STREET ADDRESS 540 Barefoot Trace Circle	St. Augustine FL 32080	
CITY-ST-ZIP	JACKSONVILLE BEACH, FL 32250		CITY-ST-ZIP	St. Augustine FL 32080	
TITLE	NAME	<input type="checkbox"/> Delete	TITLE T	NAME Diane Bennett	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS 217 N. Forest Drive Dr	St. Augustine FL 32080	
CITY-ST-ZIP			CITY-ST-ZIP	St. Augustine FL 32080	
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: <u>Diane Bennett</u> DIANE BENNETT <u>2-29-08</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					