

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 25, 2003 8:00 am**  
**Secretary of State**

03-25-2003 90066 038 \*\*\*\*61.25

**DOCUMENT # N00000000651**

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



**Principal Place of Business**  
**C/O JAMES N. MCGARVEY, JR.**  
**2453 SOUTH THIRD STREET**  
**JACKSONVILLE BEACH FL 32250**

**Mailing Address**  
**C/O JAMES N. MCGARVEY, JR.**  
**2453 SOUTH THIRD STREET**  
**JACKSONVILLE BEACH FL 32250**

**2. Principal Place of Business**  
**432 Osceola Ave**  
Suite, Apt. #, etc.

**3. Mailing Address**  
**432 Osceola Ave**  
Suite, Apt. #, etc.

**City & State**  
**Jacksonville Beach FL**  
Zip  
**32250**  
Country  
**Duval**

**City & State**  
**Jacksonville Beach FL**  
Zip  
**32250**  
Country  
**Duval**

**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**

**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**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

**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**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>MCGARVEY JR, JAMES N</b> <b>2453 SO. THIRD ST</b> <b>JACKSONVILLE BEACH FL 32250</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>KELLEY, PATRICIA H</b> <b>2453 SO. THIRD ST</b> <b>JACKSONVILLE BEACH FL 32250</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>HERRING, DINAH K</b> <b>2453 SO. THIRD ST</b> <b>JACKSONVILLE BEACH FL 32250</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

**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 of James N. McGarvey, Jr.*

**3-14-03 (904) 247-9160**

CR2E037 (10/02)