## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N01000000213

FILED Jul 06, 2005 Secretary of State

Entity Name: SEA STREETS ACCESS ASSOCIATION, INC.	
Current Principal Place of Business:	New Principal Place of Business:
223 PERUVIAN AVENUE PALM BEACH, FL 33480	C/O EDWARDS & ANGELL, LLP 1 N CLEMATIS ST., SUITE 400 WEST PALM BEACH, FL 33401
Current Mailing Address:	New Mailing Address:
223 PERUVIAN AVENUE PALM BEACH, FL 33480	C/O EDWARDS & ANGELL, LLP 1 N CLEMATIS ST., SUITE 400 WEST PALM BEACH, FL 33401
FEI Number: 04-3658289 FEI Number Applied For() FEI No In accordance with s. 607.193(2)(b), F.S., the corporation did not receive Name and Address of Current Registered Agent:	umber Not Applicable ( ) Certificate of Status Desired ( ) the prior notice.  Name and Address of New Registered Agent:
BROBERG, PETER S 223 PERUVIAN AVENUE PALM BEACH, FL 33480 US	ANGELL CORPORATE SERVICES, INC. 1 N CLEMATIS ST., SUITE 400 WEST PALM BEACH, FL 33401 US
The above named entity submits this statement for the purpose in the State of Florida.	of changing its registered office or registered agent, or both,
SIGNATURE: GREGORY E. YOUNG, VICE PRESIDENT	07/06/2005
Electronic Signature of Registered Agent	Date
OFFICERS AND DIRECTORS:	
OFFICERS AND DIRECTORS.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:
Title: PD () Delete  Name: SCAFF, DAVID H  Address: 159 SEASPRAY AVENUE  City-St-Zip: PALM BEACH, FL 33480	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:  Title: ( ) Change ( ) Addition  Name: Address: City-St-Zip:
Title: PD () Delete Name: SCAFF, DAVID H Address: 159 SEASPRAY AVENUE	Title: ( ) Change ( ) Addition Name: Address:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY A. WOODFIELD S 07/06/2005