2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State
04-29-2004 90266 006 ****61.25

DOCUMENT # N01310

1. Entity Name
SEA MIST VILLAS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O OCEAN PROPERTIES 3506 S. ATLANTIC AVE. NEW SMYRNA BCH, FL 32169 US	C/O OCEAN PROPERTIES 3506 S. ATLANTIC AVE. NEW SMYRNA BCH, FL 32169 US

04152004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2445519 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ROE, WILLIAM E
C/O OCEAN PROPERTIES
3506 S. ATLANTIC AVE.
NEW SMYRNA BCH, FL 32169

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

Filing Fee is $61.25
Due by May 1, 2004

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P SCHWARTZ, STANLEY 4349 SEAM ST DR NEW SMYRNA BEACH, FL 32169	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Harry Gemeund 4233 Sea mist Dr NSB, FL 32169	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPS DELNICK, DON 4289 SEA MIST DR NEW SMYRNA BEACH, FL 32169	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP/T Don Delnick 4289 sea mist Dr NSB, FL 32169	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD DELNICK, DONALD 4289 SEA MIST DRIVE NEW SMYRNA BCH, FL 32169	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Stanley Schwartz 4249 sea mist Dr NSB, FL 32169	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GEMUENO, HARRY 4233 SEA MIST DRIVE NEW SMYRNA BEACH, FL 32169	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Don Skinner 4324 Seamist Dr NSB, FL 32169	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D REED, EDGAR 4299 SEA MIST DR NEW SMYRNA BCH, FL 32169	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: Harry Gemeund President 4/20/04 426 5617
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #