# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**May 03, 2005 8:00 am**
**Secretary of State**
05-03-2005 90155 035 ****61.25

DOCUMENT # N01310

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

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

04212005 Chg-NP CR2E037 (10/03)

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 4309 Sea Mist Dr | 4309 Sea Mist Dr |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| New Smyrna Beach | New Smyrna Beach |
| City & State: FL | City & State: FL |
| Zip: 32169 Country: Volusia | Zip: 32169 Country: Volusia |

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**

JAMES W HART JR
SENTRY MANAGEMENT INC
2180 W SR 434 STE 5000
LONGWOOD FL 32779

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 _____ DATE 4/26/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is $61.25**
**Due by May 1, 2005**

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 | PD<br>GEMURND, HARRY<br>4233 SEA MIST DR.<br>NEW SMYRNA BEACH, FL 32169 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VPT<br>DELNICK, DON<br>4289 SEA MIST DR.<br>NEW SMYRNA BEACH, FL 32169 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>SCHWARTZ, STANLEY<br>4249 SEA MIST DR.<br>NEW SMYRNA BCH, FL 32169 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>SKINNER, DON<br>4324 SEA MIST DR.<br>NEW SMYRNA BEACH, FL 32169 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>REED, EDGAR<br>4299 SEA MIST DR<br>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:** Don L Skinner 4-24-05 386-428-9208
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #