

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 28, 2008 8:00 am**  
**Secretary of State**

01-28-2008 90052 045 \*\*\*\*61.25

**DOCUMENT # N02000002461**

1. Entity Name  
**SEA PINES PROPERTY OWNERS' ASSOCIATION, INC.**



Principal Place of Business  
**C/O MAY MGMT SERVICES, INC  
5455 HWY A1A SOUTH  
SAINT AUGUSTINE, FL 32080**

Mailing Address  
**5455 A1A SOUTH  
ST. AUGUSTINE, FL 32080**

40011780



01112008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**03-0432677**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**MAY MANAGEMENT SERVICES, INC.  
5455 A1A SOUTH  
SAINT AUGUSTINE, FL 32080**

**DO NOT WRITE  
IN THIS SPACE**

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, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
KEIM, JOHN E  
605 GREENWOOD CIRCLE  
SAINT AUGUSTINE, FL 32086**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
SNELLER, DAVID  
508 PEBBLE BROOK DR  
SAINT AUGUSTINE, FL 32086**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
ZIECHECK, ERIC  
707 NW 20TH ST  
GAINESVILLE, FL 32603**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
BELLAS, LEW  
337 POINT PLEASANT DR  
ST. AUGUSTINE, FL 32082**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
RITTOCH, RAYMOND  
1047 CEDAR COVE DR  
SAINT AUGUSTINE, FL 32086**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T  
MATTHEWS, WILLIAM  
751 NEADLE GRASS DR  
SAINT AUGUSTINE, FL 32086**

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/24/08 904 797 2598