2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Apr 15, 2008 8:00 am Secretary of State DOCUMENT # N06000012330 04-15-2008 90017 034 ***150.00 SEATUIT CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 3675 BROADWAY 3675 BROADWAY FORT MYERS, FL 33901 FORT MYERS, FL 33901 2. Principal Place of Business - No P.O. Box # 3. Mailing Address SAME 15105-2 Pines Meadows Dr. Suite, Apt. #, etc. Suite, Apt. #, etc. 03202008 Chg-NP CR2E037 (12/06) City & State City & State 4. FEI Number 20-8787394 Applied For Fort Myers, Florida Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 33908 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SUPRENARD, RAY 3675 BROADWAY STREET Street Address (P.O. Box Number is Not Acceptable) FORT MYERS, FL 33901 Fort Myers, Zip Code 33908 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Make check payable to Filing Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Due by May 1, 2008 Trust Fund Contribution П Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE n Delete TITLE Addition MOORE, DAVID NAME id A. Moore 05-2 Pine Meadows Drive t Myers, Florida 33908 NAME STREET ADDRESS 3675 BROADWAY STREET ADDRESS CITY-ST-ZIP FT MYERS, FL 33901 CITY-ST-ZIP X Delete TITLE TITLE Change ■ Addition SUPRENARD, RAY NAME NAME Ray Suprenard 15105-2 Pine Meadows Drive Fort Myers, Florida 33908 3675 BROADWAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT MYERS, FL 33901 CITY-ST-ZIP Delete TITI F TITLE ☐ Change Addition NAME LOESEKE, WILLIAM NAME William Loeske 15105-2 Pine Meadows Drive Fort Myers, Florida 33908 STREET ADDRESS 3675 BROADWAY STREET ADDRESS FT MYERS, FL 33901 CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-7IP

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.

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

IG OFFICER OR DIRECTOR

Delete

Daytime Phone #

☐ Change

☐ Addition

FILED