


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 08:00 AM
Secretary of State

DOCUMENT # N08188
 1. Entity Name
 SEA TWIG CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business C/O COASTAL RESORTS 4030 GULF OF MEXICO DRIVE LONGBOAT KEY, FL 34228 US	Mailing Address % COASTAL RESORTS 4030 GULF OF MEXICO DR LONGBOAT KEY, FL 34228 US
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01092008 No Chg-NP CR2E037 (4/06)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
 MCLEAN, WILLIAM C JR.
 707 N FLORIDA AVE
 TAMPA, FL 33602

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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

U00000783845
 01/16/08-80031-003 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD STARR, CHARLES L 5645 GULF OF MEXICO DR #202 LONGBOAT KEY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MCLEAN, WILLIAM C JR. 3417 ALMERIA TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BAYARD, DENNIS 3021 SUNRISE DRIVE HUBERTUS, WI 53033
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: *William C. McLean Jr.* 1/11/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #