


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

1/5

<b>DOCUMENT # N15305</b> 1. Entity Name <b>THE GOLF &amp; SEA CONDOMINIUM ASSOCIATION, INC.</b>	
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FILED

04 JAN 14 AM 10:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business <b>809 GOLF &amp; SEA BLVD., UNIT A-3 UNIT B-3 APOLLO BEACH, FL 33572</b>	Mailing Address <b>809 GOLF &amp; SEA BLVD., UNIT A-3 APOLLO BEACH, FL 33572</b>
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DO NOT WRITE IN THIS SPACE

01152004 No Chg-NP CR2E037 (10/03) 04

4. FEI Number <b>59-2798784</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent  <b>SHINORE, RON 809 GOLF &amp; SEA BLVD., UNIT B-3 APOLLO BEACH, FL 33572</b>	<p style="font-size: 24px; font-weight: bold;">DO NOT WRITE IN THIS SPACE</p>
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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: See attach for new RA's Signature DATE

(NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee is \$61.25 Due by May 1, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	MCMANIS, JEAN
STREET ADDRESS	809 GOLF & SEA BLVD., UNIT A-3
CITY-ST-ZIP	APOLLO BEACH, FL 33572
TITLE	VPD
NAME	MCFOLLING, RAY
STREET ADDRESS	1018 SYMPHONY ISLES BLVD
CITY-ST-ZIP	APOLLO BEACH, FL 33572
TITLE	STD
NAME	WHITELAM, LILIAN
STREET ADDRESS	809 GOLF & SEA BLVD., UNIT B-3
CITY-ST-ZIP	APOLLO BEACH, FL 33572
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

See attach for changes

DO NOT WRITE  
IN THIS SPACE

000027112650

01/16/04--01062--001 \*\*61.25

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: See attached Date Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

B



# Division of Corporations

## Annual Report

Page 1

Document Number

**N15305**

Business Entity Name

**THE GOLF & SEA CONDOMINIUM ASSOCIATION, INC.**

FEI Number 592798784

FEI Number Status  Applied For  Not Applicable  Current

Certificate of Status Desired  Yes  No \$8.75 each

### Principal Place of Business

Address 809 GOLF & SEA BLVD.  
Suite, Apt. #, etc. UNIT A-4  
City, State APOLLO BEACH, FL  
Zip Code & Country 33572

### Mailing Address

Address 809 GOLF & SEA BLVD.,  
Suite, Apt. #, etc. UNIT A-4  
City, State APOLLO BEACH, FL  
Zip Code & Country 33572

### Name And Address of Registered Agent


Name (Last, First, Middle, Title) KEARNEY, KAREN, PRES

-or- RA Business Name

Address 809 GOLF & SEA BLVD.,  
Suite, Apt. #, etc. UNIT A-4  
City, State APOLLO BEACH, FL  
Zip Code & Country 33572 US

If Registered Agent (RA) is changed, the new RA must type their name in the 'Registered Agent Signature' block below. RA signature MUST be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature KAREN KEARNEY, PRES



Continue

Reset

Start Over

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# Division of Corporations

## Annual Report

Page 2

Document Number

**N15305**

Business Entity Name

**THE GOLF & SEA CONDOMINIUM ASSOCIATION, INC.**

Election Campaign Financing Trust Fund Contribution  Yes  No

### Officer/Director Name And Address

Title PD  
 Name (Last, First, Middle, Title) KEARNEY KAREN

-or- Entity Name

Street Address 809 GOLF & SEA BLVD., UNIT A-4  
 City, State APOLLO BEACH, FL  
 Zip Code & Country 33572

Title VPD  
 Name (Last, First, Middle, Title) SCHMIDT RON

-or- Entity Name

Street Address 809 GOLF AND SEA BLVD., UNIT A-2  
 City, State APOLLO BEACH, FL  
 Zip Code & Country 33572

Title STD  
 Name (Last, First, Middle, Title) RULAND ROBERT K

-or- Entity Name

Street Address 809 GOLF & SEA BLVD., UNIT B-4  
 City, State APOLLO BEACH, FL  
 Zip Code & Country 33572

Title  
 Name (Last, First, Middle, Title)

-or- Entity Name  
Street Address  
City, State  
Zip Code & Country

Title  
Name (Last, First, Middle, Title)

-or- Entity Name  
Street Address  
City, State  
Zip Code & Country

Title  
Name (Last, First, Middle, Title)

-or- Entity Name  
Street Address  
City, State  
Zip Code & Country

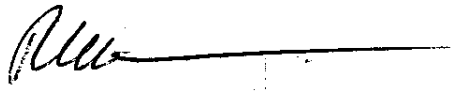
List more than six  
Officers/Directors

No additional  
Officers/Directors to list

An individual named above must type their name in the  
'Officer/Director Signature' block below. A corporate name is not  
allowed in this block.

Title STD

Officer/Director Signature ROBERT K. RULAND



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