


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2005 8:00 am
Secretary of State

01-07-2005 90015 025 ****61.25

DOCUMENT # N15305
 1. Entity Name
THE GOLF & SEA CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
 809 GOLF & SEA BLVD.
 UNIT A-4
 APOLLO BEACH, FL 33572

Mailing Address
 809 GOLF & SEA BLVD.
 UNIT A-4
 APOLLO BEACH, FL 33572

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip Country



01042005 Chg-NP CR2E037 (10/03)

4. FEI Number
59-2798784

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

KEARNEY, KAREN
 809 GOLF & SEA BLVD.
 UNIT A-4
 APOLLO BEACH, FL 33572

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 *Karen E Kearney* (NOTE: Registered Agent signature required when reinstating) DATE **1-5-05**

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

TITLE	PD <input type="checkbox"/> Delete
NAME	KEARNEY, KAREN
STREET ADDRESS	809 GOLF & SEA BLVD., UNIT A-4
CITY-ST-ZIP	APOLLO BEACH, FL 33572
TITLE	VPD <input type="checkbox"/> Delete
NAME	SCHMIDT, RON
STREET ADDRESS	809 GOLF & SEAR BLVD., UNIT A-2
CITY-ST-ZIP	APOLLO BEACH, FL 33572
TITLE	STD <input checked="" type="checkbox"/> Delete
NAME	RULAND, ROBERT K
STREET ADDRESS	809 GOLF & SEA BLVD., UNIT B-4
CITY-ST-ZIP	APOLLO BEACH, FL 33572
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	STD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PD Shindorf, Lois
STREET ADDRESS	809 Golf & Sea Blvd #B3
CITY-ST-ZIP	APOLLO BEACH, FL 33572
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *Karen E Kearney* Karen E Kearney 1/5/05 813-645-7578
 /SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #