


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # N93000000583**

1. Entity Name  
SEA VILLAS IV CONDOMINIUM ASSOCIATION OF NEW SMYRNA BEACH, INC.



FILED  
04 DEC -9 PM 3: 11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
2205 HILL STREET  
NEW SMYRNA BEACH, FL 32169 US

Mailing Address  
12179 S APOPKA VINELAND RD  
STE. 607  
ORLANDO, FL 32836 US

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
**6751 FORUM DRIVE**  
Suite, Apt. #, etc.  
**#200**

City & State  
**ORLANDO, FL**

Zip  
**32821**

Country  
**USA**



03062003 Chg-NP CR2E037 (10/03)

4. FEI Number  
**59-3168788**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
NRA SERVICES, INC. 526 E. PARK AVENUE TALLAHASSEE, FL 32301	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City <b>FL</b> 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 *by Lisa Roover, Assist Sec.*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**400042186384**  
 10/26/04--01058--006 \*\*\$61.25  
 11/9/04 DATE

**Filing Fee is \$61.25 Due by September 8, 2004**

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MITCHELL, BILL 321 OAKLEAF CIRCLE LAKE MARY, FL 32746 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VEACH WILLIAM 6684 EAST STATE RD. #218 CAMDEN IN 46917 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CROSHAW, LORAINE 1056 UTICA LANE ANGELS CAMP, CA 95222 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD VEACH, WILLIAM 6684 EAST STATE RD 218 CAMDEN, IN 46917 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD PAUL DYER RT. 1 DOWNING WI 54734 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400042186384 12/10/04--01058--005 **\$175.00 [Signature]
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *William A. Veach*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-30-04 574-859-4173  
Date Daytime Phone #

William A. Veach