

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 30, 2006**  
**Secretary of State**

DOCUMENT# N93000000583

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

**Current Principal Place of Business:**

3208 HILL STREET, #111  
NEW SMYRNA BEACH, FL 32169 US

**New Principal Place of Business:**

**Current Mailing Address:**

3208 HILL STREET, #111  
NEW SMYRNA BEACH, FL 32169 US

**New Mailing Address:**

**FEI Number:** 59-3168788      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE  
SUITE 4  
WESTON, FL 33331 US

**Name and Address of New Registered Agent:**

FAIRCHILD MOSS MANAGEMENT, LLC  
1600 S. FEDERAL HWY.  
SUITE 970  
POMPANO BEACH, FL 33062 US

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.

SIGNATURE: J RICHARD HAAS      01/30/2006  
\_\_\_\_\_  
Electronic Signature of Registered Agent      Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: DYER, PAUL  
Address: N9170 CR Q  
City-St-Zip: DOWNING, WI 54734

Title: STD ( ) Delete  
Name: CROSHAW, LORAIN  
Address: 1056 UTICA LANE  
City-St-Zip: ANGELS CAMP, CA 95222

Title: DV ( ) Delete  
Name: WALTER, MARY  
Address: 11217 KEELER RD  
City-St-Zip: BROOKVILLE, IN 47012

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: VPD (X) Change ( ) Addition  
Name: DYER, PAUL  
Address: N9170 CR Q  
City-St-Zip: DOWNING, WI 54734

Title: STD (X) Change ( ) Addition  
Name: MACEACHERN, LORAIN  
Address: 1056 UTICA LANE  
City-St-Zip: ANGELS CAMP, CA 95222

Title: PD (X) Change ( ) Addition  
Name: CAIN, RALPH  
Address: 423 CAROLYN DRIVE  
City-St-Zip: OVIEDO, FL 32765

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RALPH CAIN      PRES      01/30/2006  
\_\_\_\_\_  
Electronic Signature of Signing Officer or Director      Date