2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 01, 2004 8:00 am Secretary of State

DOCUMENT # N21972 1. Entity Name SEA PLACE II HOMEOWNERS ASSOCIATION, INC.								2004 90018 (' 61.25	
Principal Place of Business Mailing Address 5455 A1A SOUTH 5455 A1A SOUTH ST AUGUSTINE, FL 32080 US ST AUGUSTINE, FL 32080				30 US		- - 	_	023696 	•	ALINA NA ANGA	
2. Principal P	face of Business	3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.				01272004	Chg-NP	CR2E037	(10/03)		
City & State		City & State				4. FEI Number 59-2905				optied For ot Applicable	
Zip	Country	Zip		Country		5. Certificate of	of Status Desire		8.75 Add ee Require		
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent					
MAY MANAGEMENT SERVICES, INC. 5455 A1A SOUTH SUITE 3 ST AUGUSTINE, FL 32080					Name Street Address (P.O. Box Number is Not Acceptable)						
ST AUGUS	STINE, FL 32080			City				FL	Zip Cod	e	
8. The above the obligat	named entity submits this statement for ions of registered agent.	or the purpose	of changing its re	egistered office	or registe	red agent, or both	n, in the State of	f Florida. I am fa	miliar with,	and accept	
SIGNATURE .											
	Signature, typed or printed name of registered agent	and title if applicab	le. (NOTE:	Registered Agent sig	eniuper erutan	d when reinstating)		DATE			
	Filling Fee is \$61.25 Due by May 1, 2004		9. Election Camp Trust Fund Co	paign Financing		\$5.00 May Be Added to Fees	F	Make check Iorida Departn			
10.	Filing Fee Is \$61.25		9. Election Camp	paign Financing	· 🗆	\$5.00 May Be Added to Fees	F	Make check Torida Departn	nent of SI	tate	
10.	Filing Fee is \$61.25 Due by May 1, 2004		9. Election Camp	paign Financing Intribution.	· 🗆	\$5.00 May Be	F	Make check Florida Departn	nent of SI	tate	
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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:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNANG OFFICER OR DIRECTOR

Date

Daylime Phone #