2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#764003

Entity Name: SEAFIRE CONDOMINIUM ASSOCIATION, INC.

FILED Apr 15, 2004 Secretary of State

Current Principal Place of Business:	New Principal Place of Business
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2180 W. SR 434, STE. 5000 2180 W. SR 434 LONGWOOD, FL 32779 US SUITE 5000

LONGWOOD, FL 32779 US

Current Mailing Address: New Mailing Address:

2180 W. SR 434, STE. 5000 2180 W. SR 434 LONGWOOD, FL 32779 US SUITE 5000

LONGWOOD, FL 32779 US

FEI Number: 59-2486863 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

HART, JAMES W JR. C/O SENTRY MANAGEMENT INC 2180 W. SR 434, STE. 5000 LONGWOOD, FL 32779 US

OFFICERS AND DIRECTORS:

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:

Electronic Signature of Registered Agent Date

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ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP () Delete Title: PD (X) Change () Addition Name: STANLEY, GEORGE Name: PASHUCK, EUGENE

Address: 122 STONEHILL DRIVE Address: 8520 SUMMERVILLE PL
City-St-Zip: MAITLAND, FL 32751 City-St-Zip: ORLANDO, FL 32819

Title: T () Delete Title: VPD (X) Change () Addition Name: O'BRIEN, GAYLE Name: RANDALL, MARK

Address: 2121 HILL STREET #2B Address: 222 COACHMANS COVE
City-St-Zip: NEW SMYRNA BEACH, FL 32169 City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: S () Delete Title: TD (X) Change () Addition Name: SMITH, JULIA Name: OBRIEN, GAYLE

Address: 2121 HILL STREET #5A Address: PO BOX 510

City-St-Zip: NEW SMYRNA BEACH, FL 32169 City-St-Zip: LONG LAKE, NY 12847

Title: AD () Delete Title: D (X) Change () Addition Name: BRODRICK, CAROL Name: WHITE, MARGARET

Address: 16 STONE GATE NORTH Address: 311 E MORSE BLVD #1-3
City-St-Zip: LONGWOOD, FL 32779 City-St-Zip: WINTER PARK, FL 32789

Title: D (X) Delete Title: () Change () Addition Name: RANDALL, MARK Name:

 Name:
 RANDALL, MARK
 Name:

 Address:
 222 COACHMANS COVE
 Address:

 City-St-Zip:
 ALTAMONTE SPRINGS, FL 32701
 City-St-Zip:

Title: P (X) Delete Title: () Change () Addition

 Name:
 PASHUCK, EUGENE
 Name:

 Address:
 8520 SUMMERVILLE PL.
 Address:

 City-St-Zip:
 ORLANDO, FL
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: EUGENE PASHUCK PD 04/15/2004