

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 15, 2004 8:00 am
Secretary of State

04-15-2004 90032 002 ****61.25

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1. Entity Name

SEACOVE CONDOMINIUM OWNERS' ASSOCIATION, INC.



Principal Place of Business

1630 SCENIC GULF DR.
MIRAMAR BEACH FL 32550.
US

Mailing Address

1630 SCENIC GULF DR.
MIRAMAR BEACH FL 32550
US

24043039



MOORE CR2E037 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

4. FEI Number

59-2373299

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HOLCOMB, RICHARD T
1630 SCENIC GULF DR
DESTIN FL 32550

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

Richard T. Holcomb, Richard T. Holcomb

4/10/04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 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

TITLE VD
NAME JACKSON, THOMAS ☐ Delete
STREET ADDRESS 1630 SCENIC GULF DR.
CITY-ST-ZIP DESTINE FL 32550

TITLE D
NAME SMITH, VIOLA M ☐ Delete
STREET ADDRESS 603 WOOD HILL DR
CITY-ST-ZIP FAIRBORN OH

TITLE SD
NAME YOUNG, JOAN ☐ Delete
STREET ADDRESS 1630 OLD HWY 98
CITY-ST-ZIP DESTIN FL

TITLE PD
NAME SMITH, JAMES ☐ Delete
STREET ADDRESS 603 WOOD HILL DRIVE
CITY-ST-ZIP FAIRBORN OH

TITLE TD
NAME CASTELLANO, JOHN ☐ Delete
STREET ADDRESS 2245 ENLUND #7
CITY-ST-ZIP PALATINE IL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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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:

James D Smith James D Smith President Condominium Ass. 04/10/04 837-7810
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #