

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 10, 2006 8:00 am**  
**Secretary of State**

02-10-2006 90011 026 \*\*\*\*61.25

|  |  |   |  |  |  |
|--|--|---|--|--|--|
| <b>DOCUMENT # 751871</b><br>1. Entity Name<br><b>SEA TREAT CONDOMINIUM ASSOCIATION, INC.</b>   |  |   |  |  |  |
| Principal Place of Business<br><b>2110 GULF BLVD</b><br><b>PO BOX 763</b><br><b>INDIAN ROCKS BCH, FL 33785 US</b>  |  |   | Mailing Address<br><b>2110 GULF BLVD</b><br><b>PO BOX 763</b><br><b>INDIAN ROCKS BCH, FL 33785-0763 US</b>                             |  |  |
| 2. Principal Place of Business   |  | 3. Mailing Address  |  |  |  |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.   |  |  |  |
| City & State   |  | City & State  |  |  |  |
| Zip  | Country  | Zip   | Country  |  |  |
| 4. FEI Number<br><b>59-2027109</b>   |  |   | Applied For<br>Not Applicable  |  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |  |   | <b>\$8.75</b> Additional Fee Required  |  |  |
| 6. Name and Address of Current Registered Agent  |  |   | 7. Name and Address of New Registered Agent  |  |  |
| <b>REAM, BENJAMIN</b><br><b>2110 GULF BLVD UNIT #7</b><br><b>INDIAN ROCKS BEACH, FL 33785</b>  |  |   | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="text-align: right;"> <b>FL</b> Zip Code       </div> |  |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>  |  |   |  |  |  |
| <b>Filing Fee is \$61.25</b><br><b>Due by May 1, 2006</b>  |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |  | <b>\$5.00</b> May Be<br>Added to Fees  |  |
| <b>Make check payable to<br/>Florida Department of State</b>   |  |   |  |  |  |
| 10. OFFICERS AND DIRECTORS   |  |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <b>D</b><br><b>FERGUSON, THOMAS</b><br><b>1810 EAST MAIN ST</b><br><b>GREENFIELD, IN 46140</b> <input type="checkbox"/> Delete         |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <b>D</b><br><b>Joan Ferguson</b><br><b>#74 Bay Meadow Dr.</b><br><b>Webster, NY 14580</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <b>STD</b><br><b>REAM, BENJAMIN</b><br><b>2110 GULF BLVD</b><br><b>INDIAN ROCKS BEACH, FL 33785</b> <input type="checkbox"/> Delete    |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <b>PD</b><br><b>HALL, CLETIA</b><br><b>1150 WHISPER RUN CT</b><br><b>LUTZ, FL 33549</b> <input type="checkbox"/> Delete                |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <b>D</b><br><b>TOMBLIN, WILLIAM</b><br><b>1400 GULF BLVD</b><br><b>CLEARWATER, FL 33767</b> <input checked="" type="checkbox"/> Delete |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <b>D</b><br><b>BLAKE, ESTELLE</b><br><b>2110 GULF BLVD</b><br><b>INDIAN ROCKS BEACH, FL 33785</b> <input type="checkbox"/> Delete      |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>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 exemptions contained 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 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. |  |   |  |  |  |
| <b>SIGNATURE: <u>Benjamin Ream</u> Benjamin Ream</b>   |  |   |  |  |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |  |   |  | Date <b>2/8/06</b> Daytime Phone # <b>727-517-1162</b>   |  |

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