

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 764003

FILED
Mar 19, 2007
Secretary of State

Entity Name: SEAFIRE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

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

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: PASHUCK, EUGENE
Address: 8520 SUMMERVILLE PL
City-St-Zip: ORLANDO, FL 32819

Title: D () Delete
Name: RANDALL, MARK
Address: 222 COACHMANS COVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: TD () Delete
Name: YOAKUM, DEBBIE
Address: 2121 HILL ST 7B
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: PD () Delete
Name: WHILE, MARGARET
Address: 311 E MORSE BLVD #1-3
City-St-Zip: WINTER PARK, FL 32789

Title: SD () Delete
Name: HACKL, KATHY
Address: 2121 HILL ST 7A
City-St-Zip: NEW SMYRNA BEACH, FL 32169

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change () Addition
Name: RANDALL, MARK
Address: 222 COACHMANS COVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MARGARET WHILE

PD

03/19/2007

Electronic Signature of Signing Officer or Director

Date