


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90436 050 \*\*\*\*61.25

<b>DOCUMENT # N06000000764</b> 1. Entity Name THE VILLAS OF SEAGATE AT ST. JOSEPH SOUND OWNERS' ASSOCIATION, INC.					
Principal Place of Business 11300 FOURTH STREET NORTH SUITE 200 ST. PETERSBURG, FL 33716			Mailing Address 11300 FOURTH STREET NORTH SUITE 200 ST. PETERSBURG, FL 33716		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 3001 Executive Drive			
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 260			
City & State		City & State Clearwater, FL			
Zip	Country	Zip 33762	Country USA		
6. Name and Address of Current Registered Agent  CHADWICK, JAMES M 11300 FOURTH STREET NORTH SUITE 200 ST. PETERSBURG, FL 33716			7. Name and Address of New Registered Agent Name Condominium Associates Street Address (P.O. Box Number is Not Acceptable) 3001 Executive Drive Suite 260 City Clearwater FL Zip Code 33762		
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. By <u>Condominium Associates</u> <u>By C. Caldwell, vice president</u> SIGNATURE _____ DATE <u>4-26-07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>Make check payable to</b> <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	BRUCE R. KEENE, JR.  <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BRUCE R. KEENE, JR. 11300 4th St. N Suite 200 St. Petersburg, FL 33716 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DENNIS E. GULLO  <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP DENNIS E. GULLO 11300 4th St. N. Suite 200 St Petersburg, FL 33716 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	JUDY L. PENNALA  <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	JT Judy L. Pennala 11300 4th St. N. Suite 200 St Petersburg, FL 33716 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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.					
SIGNATURE: <u>Bruce R. Keene</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			04/24/07 727-577-9197 <small>Date Daytime Phone *</small>		