


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 29, 2008 8:00 am
Secretary of State

05-29-2008 90194 002 ****61.25

DOCUMENT # 752323 1. Entity Name SEA VILLA CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 1425 HWY A1A SATELLITE BEACH, FL 32937			Mailing Address 1425 HWY A1A #1 C/O R.L. KREGER, SECRETARY SATELLITE BEACH, FL 32937		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address 1425 HWY A1A #4 Suite, Apt. #, etc. C/O CHARLOTTE WELCH			
City & State		City & State SATELLITE BEACH, FL		4. FEI Number 59-2058426	
Zip 32937		Country BREVARD		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KREGER, RODERIC L 1425 HWY A1A #1 SATELLITE BEACH, FL 32937				7. Name and Address of New Registered Agent Name CHARLOTTE WELCH Street Address (P.O. Box Number is Not Acceptable) 1425 HWY A1A #12 SATELLITE BEACH, FL City FL Zip Code 32937	
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 <u>Charlotte Welch</u> , CHARLOTTE WELCH, TREASURER/SECRETARY 5/27/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MCNAUGHTON, JOHN 1819 W. HOUSTONIA AVE ROYAL OAK, MI 48073	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD RICHARD HILLARD 65 LEDGE ROAD, UNIT 303 PELHAM, NH 03076	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD MOODY, PHYLLIS 4656 8TH ST. NW CANTON, OH 44708	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PHYLLIS MOODY 4656 8TH ST. NW CANTON, OH 44708	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LEE, JOHN 1425 HWY A1A, UNIT 24 SATELLITE BEACH, FL 32937	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD MARY HERMANDEZ P.O. BOX 602 MONTICELLO, FL 32345	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MUSE, BUZ 11032 QUAIL CREEK RD, SUITE 109 OKLAHOMA CITY, OK 73120	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	S/T CHARLOTTE WELCH 1425 HWY A1A, UNIT 12 SATELLITE BEACH, FL 32937	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S KREGER, ROD 1425 HWY A1A, UNIT 1 SATELLITE BEACH, FL 32937	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D TIM TAHER 1425 HWY A1A, UNIT 9 SATELLITE BEACH, FL 32937	<input type="checkbox"/> Change <input checked="" 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: Charlotte Welch , CHARLOTTE WELCH / TREASURER / SECRETARY 5/27/08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					