

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2003 8:00 am
Secretary of State

03-25-2003 90066 038 ****61.25

DOCUMENT # N00000000651

1. Entity Name
SEA COLONY NEIGHBORHOOD ASSOCIATION, INC.



Principal Place of Business
C/O JAMES N. MCGARVEY, JR.
2453 SOUTH THIRD STREET
JACKSONVILLE BEACH FL 32250

Mailing Address
C/O JAMES N. MCGARVEY, JR.
2453 SOUTH THIRD STREET
JACKSONVILLE BEACH FL 32250

2. Principal Place of Business

432 Osceola Ave
Suite, Apt. #, etc.

3. Mailing Address

432 Osceola Ave
Suite, Apt. #, etc.

City & State

Jacksonville Beach FL

City & State

Jacksonville Beach FL

Zip
32250

Country

Duval

Zip
32250

Country

Duval

6. Name and Address of Current Registered Agent

MCGARVEY, JAMES N
2453 SOUTH THIRD STREET
JACKSONVILLE BEACH FL 32250

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

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

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	PD	☐ Delete
NAME	MCGARVEY JR, JAMES N	
STREET ADDRESS	2453 SO. THIRD ST	
CITY-ST-ZIP	JACKSONVILLE BEACH FL 32250	
TITLE	SD	☐ Delete
NAME	KELLEY, PATRICIA H	
STREET ADDRESS	2453 SO. THIRD ST	
CITY-ST-ZIP	JACKSONVILLE BEACH FL 32250	
TITLE	TD	☐ Delete
NAME	HERRING, DINAH K	
STREET ADDRESS	2453 SO. THIRD ST	
CITY-ST-ZIP	JACKSONVILLE BEACH FL 32250	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
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:

[Signature]

3-14-03 (904) 247-9160

CR2E037 (10/02)