

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N15305

**FILED**  
**Jan 25, 2016**  
**Secretary of State**  
**CC1115145432**

**Entity Name:** THE GOLF & SEA CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

809 GOLF & SEA BLVD.  
UNIT #104  
APOLLO BEACH, FL 33572

**Current Mailing Address:**

809 GOLF & SEA BLVD.  
UNIT #104  
APOLLO BEACH, FL 33572

**FEI Number: 59-2798784**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

ASHLEY, KAREN  
809 GOLF & SEA BLVD.  
UNIT #104  
APOLLO BEACH, FL 33572 US

*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

**Officer/Director Detail :**

Title           STD  
Name           ASHLEY, KAREN  
Address       809 GOLF & SEA BLVD., UNIT #104  
City-State-Zip: APOLLO BEACH FL 33572

Title           VPD  
Name           HOLLIDAY, MARGO  
Address       809 GOLF & SEA BOULEVARD SUITE  
                  #101  
City-State-Zip: APOLLO BEACH FL 33572

Title           PD  
Name           MAXWELL, MOLLY  
Address       811 GOLF & SEA BLVD #102  
City-State-Zip: APOLLO BEACH FL 33572

*I hereby 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 all other like empowered.*

**SIGNATURE: KAREN ASHLEY**

**STD**

**01/25/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date