

2006 FOR PROFIT CORPORATION ANNUAL REPORT.

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # 168327

1. Entity Name
THE SEA COLONY, INC.



Principal Place of Business
**1400 SOUTH OCEAN BLVD.
POMPAHO BEACH, FL 33062**

Mailing Address
**C/O JOHN DICERCHIO
1400 SO. OCEAN BLVD.
LAUDERDALE BY THE SEA, FL 33062**



01102006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FCI Number
59-0679535

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**TUDZAROV, LOUISE E
345 WEST OAKLAND PARK BLVD.
FORT LAUDERDALE, FL 33311**

**DO NOT WRITE
IN THIS SPACE**

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 \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
MILANESE, JON
21860 CYPRESS PALM COURT
BOCA RATON, FL 33428**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
THELEN, BONNIE
87 WATERTHRUSH CRES.
KANATA, ONTARIO CANADA, k2m 2v1**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
KRUK, MICHAEL
2811 NW 41ST STREET
BOCA RATON, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
DI CERCHO, JOHN
4622 HAMMOCK CIRCLE
DELRAY BEACH, FL 33445**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
ST. CLAIR, CHARLES
4302 ST. CLAIR BRIDGE RD.
JARRETTSVILLE, MD 21084**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000397848
01/30/06-80068-003 163.75

**DO NOT WRITE
IN THIS SPACE**

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 607, 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 *BONNIE A.M. THELEN*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bonnie A.M. Thelen, Secretary
JAN-19-06

954-941-0171