

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90152 023 ***150.00

DOCUMENT # 199295

1. Entity Name

SEA TOWER APARTMENTS, INC.



Principal Place of Business

2840 NORTH OCEAN BLVD
FT. LAUDERDALE FL 33308

Mailing Address

2840 NORTH OCEAN BLVD
FT. LAUDERDALE FL 33308



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number

59-0830092

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARTIN, JAMES R
2840 N OCEAN BLVD.
#405
FT. LAUDERDALE FL 33308

7. Name and Address of New Registered Agent

Name

Street Address

City & State

Zip

FL

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

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	MARTIN, JAMES R	
STREET ADDRESS	2840 N OCEAN BLVD., #405	
CITY-ST-ZIP	FORT LAUDERDALE FL 33308	
TITLE	D	<input type="checkbox"/> Delete
NAME	COLEMAN, CALVIN	
STREET ADDRESS	2840 N OCEAN BLVD., #201	
CITY-ST-ZIP	FT. LAUDERDALE FL 33308	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ARNOLD, JOHN	
STREET ADDRESS	2840 N OCEAN BLVD., #908	
CITY-ST-ZIP	FT. LAUDERDALE FL 33308	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PEDDLE, ANNA	
STREET ADDRESS	2840 NORTH OCEAN BLVD., #909	
CITY-ST-ZIP	FT. LAUDERDALE FL 33308	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SNIDERMAN, GERALD	
STREET ADDRESS	2840 NORTH OCEAN BOULEVARD #605	
CITY-ST-ZIP	FORT LAUDERDALE FL 33308	
TITLE	VD	<input type="checkbox"/> Delete
NAME	GRAU, GERARD	
STREET ADDRESS	2840 NORTH OCEAN BOULEVARD #901	
CITY-ST-ZIP	FORT LAUDERDALE FL 33308	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	SP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Angela Gray	
STREET ADDRESS	2840 N Ocean Blvd #1009	
CITY-ST-ZIP	Ft Lauderdale FL 33308	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Joanne Williams	
STREET ADDRESS	2840 N Ocean Blvd #301	
CITY-ST-ZIP	Ft Lauderdale FL 33308	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert Hovland	
STREET ADDRESS	2840 N Ocean Blvd #304	
CITY-ST-ZIP	Ft Lauderdale FL 33308	
TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #