

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 30, 2006 08:00 AM
Secretary of State

DOCUMENT # 331323

1. Entity Name
SEA CLIFF BY THE SEA, INC.



Principal Place of Business
**4334 EAST TRADEWINDS
LAUDERDALE BY THE SEA, FL 33308**

Mailing Address
**4334 EAST TRADEWINDS
LAUDERDALE BY THE SEA, FL 33308**



03232006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-1215965 Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**MYATT, FRANK
4334 EAST TRADEWINDS
LAUDERDALE BY THE SEA, FL 33308**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**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
**PSTD
MYATT, FRANK
4334 E. TRADEWINDS AVENUE
LAUDERDALE BY THE SEA, FL 33308**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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000000486058
04/13/06-80022-003 150.00

**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 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

FRANK MYATT 3/28/06 954-491-5289

Date

Daytime Phone