

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90114 047 ****61.25

DOCUMENT # 706759

1. Entity Name
SEA RANCH VILLAS ASSOCIATION, INC.



Principal Place of Business
**5400 N OCEAN BLVD
FT LAUDERDALE FLA, 33308**

Mailing Address
**PO BOX 7503
FORT LAUDERDALE, FL 33338**

DO NOT WRITE IN THIS SPACE



04292005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-1086296	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**CABOT MANAGEMENT & MARKETING, INC.
2727 E. OAKLAND PARK BLVD.
#301
FORT LAUDERDALE, FL 33306**

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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

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	PORGES, BOB
STREET ADDRESS	5400 NORTH OCEAN BLVD., #38
CITY-ST-ZIP	FT. LAUDERDALE, FL

TITLE	D
NAME	FULKERSON, ROBERT
STREET ADDRESS	5400 N OCEAN BLVD., 47
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308

TITLE	D
NAME	SCOTT, JACK
STREET ADDRESS	5400 N. OCEAN BLVD., #41
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308

TITLE	P
NAME	MELTGREN, LARRY
STREET ADDRESS	5400 N. OCEAN BLVD. #32
CITY-ST-ZIP	FT. LAUDERDALE, FL

TITLE	D
NAME	BAKER, DENNIS
STREET ADDRESS	5400 N. OCEAN BLVD. VILLA #42
CITY-ST-ZIP	FT. LAUDERDALE, FL

TITLE	VPD
NAME	TOMLIN, RICHARD
STREET ADDRESS	5400 N OCEAN BLVD. # 54
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308

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IN THIS SPACE**

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: Robert S. Porges **Robert S. Porges** 4-29-05 954-561-8565
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #