


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 16, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 706983</b> 1. Entity Name <b>SEACOAST GARDENS APARTMENTS ASSOCIATION CONDOMINIUM, INC.</b>	
--	---

Principal Place of Business <b>2186 N. A1A HIGHWAY INDIAN HARBOUR BEACH FL 32937 US</b>	Mailing Address <b>P O BOX 360391 MELBOURNE FL 32936 US</b>
--	--



2. Principal Place of Business - No P.O. Box #	3. Mailing Address
--	--------------------

Suite, Apt. #, etc.	Suite, Apt. #, etc.
---------------------	---------------------

City & State	City & State
--------------	--------------

Zip	Country	Zip	Country
-----	---------	-----	---------

4. FEI Number <b>59-1111589</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
---	---------------------------------------

<b>6. Name and Address of Current Registered Agent</b>
<b>SMOYER, ALTHEA M 6265 CORSICA BLVD. PORT ST. JOHN FL 32927</b>

<b>7. Name and Address of New Registered Agent</b>
Name
Street Address (P.O. Box Number is Not Acceptable)
City
<b>FL</b> Zip Code

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 reappointing) DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
---	------------------------------------

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> Delete RICHARDS, SAMUEL A 2186 HWY A1A, UNIT A-1 INDIAN HARBOUR BEACH FL 32937
TITLE	VPD <input type="checkbox"/> Delete MCVICKER, JERRY 2085 HWY A1A, UNIT 3202 INDIAN HARBOUR BEACH FL 32937
TITLE	S <input type="checkbox"/> Delete WALTON, DARREN S 2186 HWY A1A, UNIT A-7 INDIAN HARBOUR BEACH FL 32937
TITLE	T <input type="checkbox"/> Delete HOLT, RICHARD 2186 HWY A1A UNIT A-5 INDIAN HARBOUR BEACH FL 32937
TITLE	<input type="checkbox"/> Delete
TITLE	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add U00000708903 04/24/07-80133-012 61.25
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add

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 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: Samuel A. Richards SAMUEL A. RICHARDS PRESIDENT