

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**May 15, 2008 8:00 am**  
**Secretary of State**

05-15-2008 90023 048 \*\*\*\*61.25



**DOCUMENT # 706983**

1. Entity Name

**SEACOAST GARDENS APARTMENTS ASSOCIATION  
CONDOMINIUM, INC.**

Principal Place of Business

2186 N. A1A HIGHWAY  
INDIAN HARBOUR BEACH FL 32937  
US

Mailing Address

P O BOX 360391  
MELBOURNE FL 32936  
US



1st MOORE CR2E037 (10/07)

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

59-1111589

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SMOYER, ALTHEA M  
6265 CORSICA BLVD.  
PORT ST. JOHN FL 32927

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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

Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when changing)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution.

**\$5.00 May Be  
Added to Fees**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  Delete  
NAME RICHARDS, SAMUEL A  
STREET ADDRESS 2186 HWY A1A, UNIT A-1  
CITY-ST-ZIP INDIAN HARBOUR BEACH FL 32937

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VPD  Delete  
NAME MCVICKER, JERRY  
STREET ADDRESS 2085 HWY A1A, UNIT 3202  
CITY-ST-ZIP INDIAN HARBOUR BEACH FL 32937

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE S  Delete  
NAME WALTON, DARREN S  
STREET ADDRESS 2186 HWY A1A, UNIT A-7  
CITY-ST-ZIP INDIAN HARBOUR BEACH FL 32937

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE T  Delete  
NAME HOLT, RICHARD  
STREET ADDRESS 2186 HWY A1A UNIT A-5  
CITY-ST-ZIP INDIAN HARBOUR BEACH FL 32937

TITLE PRESIDENT  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE TREASURER  Change  Addition  
NAME RICHARD A. MOHER  
STREET ADDRESS 2186 A1A HWY. UNIT C-5  
CITY-ST-ZIP INDIAN HARBOUR BEACH, FL. 32937

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  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 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:

*Richard A Holt* RICHARD H. HOLT PRES. 4-19-08 321-779-9406

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #