

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 710260

FILED
Feb 14, 2007
Secretary of State

Entity Name: SEA CASTLE ASSOCIATION INC.

Current Principal Place of Business:

1001-1019 SEASIDE DRIVE
SARASOTA, FL 34242

New Principal Place of Business:

Current Mailing Address:

1001-1019 SEASIDE DRIVE
SARASOTA, FL 34242

New Mailing Address:

FEI Number: 59-0830089

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NELSON, DALE
1003 SEASIDE DRIVE
SARASOTA, FL 34242 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MAGEE, DAVE
Address: 1015 SEASIDE DR
City-St-Zip: SARASOTA, FL 34242

Title: VP () Delete
Name: NELSON, DALE
Address: 1003 SEASIDE DR
City-St-Zip: SARASOTA, FL 34242

Title: S () Delete
Name: MCMAHON, LESLIE
Address: 1017 SEASIDE DR
City-St-Zip: SARASOTA, FL 34242

Title: D () Delete
Name: AMAN, WILLIAM,
Address: 1001 SEASIDE DRIVE
City-St-Zip: SARASOTA, FL 34243

Title: D () Delete
Name: PASKET, IRMGARD
Address: 1019 SEASIDE DR
City-St-Zip: SARASOTA, FL 34242

Title: T () Delete
Name: RASH, LILLIAN S
Address: 1009 SEASIDE DR
City-St-Zip: SARASOTA, FL 34242

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID S. MAGEE

P

02/14/2007

Electronic Signature of Signing Officer or Director

Date