

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 713684

FILED  
Jan 31, 2006  
Secretary of State

**Entity Name:** SEA GATE HARBOR HOME OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

P.O. BOX 304  
PALM CITY, FL 34991 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 304  
PALM CITY, FL 34991 US

**New Mailing Address:**

**FEI Number:** 59-2362328

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

TUSCHICK, CAROL  
1751 COMMODORE PL  
PALM CITY, FL 34990 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: PD ( ) Delete  
Name: ARNOLD, JOHN  
Address: 110 BEACHWAY AVENUE  
City-St-Zip: PALM CITY, FL 34990

Title: VD ( ) Delete  
Name: MARSHALL, DON  
Address: 1649 ALBATROSS WAY  
City-St-Zip: PALM CITY, FL 34990

Title: SD ( ) Delete  
Name: KOLIFRATH, SUSAN  
Address: 77 RIVERWAY BLVD  
City-St-Zip: PALM CITY, FL 34990

Title: TD ( ) Delete  
Name: KELLER, LISA  
Address: 1586 SW EGRET WAY  
City-St-Zip: PALM CITY, FL 34990

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: VD (X) Change ( ) Addition  
Name: BARTELL, ROBERT J  
Address: 1717 CABIN PLACE  
City-St-Zip: PALM CITY, FL 34990

Title: SD (X) Change ( ) Addition  
Name: ARNOLD, ELLEN  
Address: 110 BEACHWAY AVENUE  
City-St-Zip: PALM CITY, FL 34990

Title: TD (X) Change ( ) Addition  
Name: MARSHALL, LISA  
Address: 1649 SW ALBATROSS WAY  
City-St-Zip: PALM CITY, FL 34990

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: LISA MARSHALL

TD

01/31/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date