

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 713684

FILED
Feb 08, 2007
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:

110 BEACHWAY AVENUE
PALM CITY, FL 34990 US

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: BARTELL, ROBERT J
Address: 1717 CABIN PLACE
City-St-Zip: PALM CITY, FL 34990

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

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

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
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: LISA MARSHALL

TREA

02/08/2007

Electronic Signature of Signing Officer or Director

Date