

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 28, 2005 8:00 am
Secretary of State

03-28-2005 90072 046 ****61.25

DOCUMENT # 725606

1. Entity Name
SEA PINES CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
6925-6951 GULF OF MEXICO DR.
LONGBOAT KEY, FL 34228 US

Mailing Address
5500 MARINA DR
SUITE ONE
HOLMES BEACH, FL 34217 US

50031098



01262005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1482572

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

HENRY, PATRICIA
6925 GULF OF MEXICO DR
LONGBOAT KEY, FL 34228

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IN THIS SPACE**

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 reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
HENRY, PATRICIA
6925 GULF OF MEXICO DR
LONGBOAT KEY, FL 34228

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
CAPUTO, BILL
1155 COLONIAL WAY
BRIDGEWATER, NJ 08807

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HEBARD, DIANE
172 BRIDAL PATH
ORCHARD PARK, NY 14127

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Patricia Henry / Patricia Henry
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/24/05
Date

941-383-5282
Daytime Phone #