

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2008 8:00 am
Secretary of State

03-05-2008 90026 041 ****61.25

DOCUMENT # 733360 1. Entity Name SEA ISLE CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 1101 W. OCEAN DRIVE P.O. BOX 151 KEY COLONY BEACH, FL 33051		Mailing Address %EDWARD F BUSCH CPA 5800 OVERSEAS HWY, SUITE 6 MARATHON, FL 33050 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 10 CRUZ MORATO + Assoc. Suite, Apt. #, etc. 5800 Overseas Hwy Suite 6	
Suite, Apt. #, etc.		City & State Marathon FL	
City & State		4. FEI Number 59-2252200	
Zip		Country USA	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent KRUSZKA, LINDA 5800 OVERSEAS HWY SUITE 6 MARATHON, FL 33050		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY-ST-ZIP	P RICE, JAMES 24 DUPONT AVE WHITE PLAINS, NY 10605 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P THOMAS HARDING 9270 Yorkshire Dr. Saline MI 48176 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KRUEGER, BUTCH 6640 EMBASSY CT MAUMEE, OH 43537 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MARTIN SENDECKI P.O. Box 510618 Key Colony Beach FL 33051 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COSTANTINO, CHRIS 1930 RIDGE RD YPSILANTI, MI 48198 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JEAN BOWER 400 Swarthmore Glassboro NJ 08028 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COSTANTINO, DIANE 1930 RIDGE RD YPSILANTI, MI 48198 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SHARON THOMAS 215 E. Greeley Waterman IL 60556 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT PERRY, STEVE 3750 CATBRIER CT BONITA SPRINGS, FL 34134 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JOAN ROLF 26 michelle Lane Ft. Thomas KY 41075 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Addition <input type="checkbox"/> Delete JOE LYNCH 8 m street Hampton NH 03842	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition GENEWITT 10801 Oxford Chicago Ridge IL 60415
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Thomas Harding</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <i>3/5/08</i> Daytime Phone #	