

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 737159

FILED
Jul 02, 2004
Secretary of State**Entity Name:** SEAFARER OWNERS ASSOCIATION, INC.**Current Principal Place of Business:**16401 PERDIDO KEY DRIVE
PENSACOLA, FL 32507**New Principal Place of Business:****Current Mailing Address:**16401 PERDIDO KEY DRIVE
PENSACOLA, FL 32507**New Mailing Address:****FEI Number:** 59-1755115**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**DENNIS, ALAN
16401 PERDIDO KEY DR.
PENSACOLA, FL 32507 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: DENNIS, ALAN
Address: 16401 PERDIDO KEY DR.
City-St-Zip: PENSACOLA, FL 32507**Title:** T () Delete
Name: COREY, JOHN
Address: 16401 PERDIDO KEY DR.
City-St-Zip: PENSACOLA, FL 32507**Title:** D () Delete
Name: SCHWARTZ, DAVID
Address: 16401 PERDIDO KEY
City-St-Zip: PENSACOLA, FL 32507**Title:** SD () Delete
Name: KEELE, ROBERT
Address: 16401 PERDIDO KEY DR.
City-St-Zip: PENSACOLA, FL 32507**Title:** V () Delete
Name: SEIBT, NANCY
Address: 16401 PERDIDO KEY DR.
City-St-Zip: PENSACOLA, FL 32507**Title:** D () Delete
Name: BURR, BEDE
Address: 16401 PERDIDO KEY DR
City-St-Zip: PENSACOLA, FL 32507**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** T (X) Change () Addition
Name: SEIBT, NANCY
Address: 16401 PERDIDO KEY DR.
City-St-Zip: PENSACOLA, FL 32507**Title:** D (X) Change () Addition
Name: MERRIWETHER, WILLIAM
Address: 16401 PERDIDO KEY
City-St-Zip: PENSACOLA, FL 32507**Title:** SD (X) Change () Addition
Name: LANAUX, MIKE
Address: 16401 PERDIDO KEY DR.
City-St-Zip: PENSACOLA, FL 32507**Title:** V (X) Change () Addition
Name: WATKINS, KITTY
Address: 16401 PERDIDO KEY DR.
City-St-Zip: PENSACOLA, FL 32507**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 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 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: NANCY SEIBT

TRES

07/02/2004

Electronic Signature of Signing Officer or Director

Date