2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 08:00 AM
Secretary of State

DOCUMENT # 737159

1. Entity Name
SEAFARER OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
16401 PERDIDO KEY DRIVE PENSACOLA, FL 32507	16401 PERDIDO KEY DRIVE PENSACOLA, FL 32507

DO NOT WRITE IN THIS SPACE

04232005 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-1755115
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DENNIS, ALAN
16401 PERDIDO KEY DR.
PENSACOLA, FL 32507

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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	P
NAME	DENNIS, ALAN
STREET ADDRESS	16401 PERDIDO KEY DR.
CITY-ST-ZIP	PENSACOLA, FL 32507
TITLE	T
NAME	SEIBT, NANCY
STREET ADDRESS	16401 PERDIDO KEY DR.
CITY-ST-ZIP	PENSACOLA, FL 32507
TITLE	D
NAME	MERRIWETHER, WILLIAM
STREET ADDRESS	16401 PERDIDO KEY
CITY-ST-ZIP	PENSACOLA, FL 32507
TITLE	SD
NAME	LANAUX, MIKE
STREET ADDRESS	16401 PERDIDO KEY DR.
CITY-ST-ZIP	PENSACOLA, FL 32507
TITLE	V
NAME	WATKINS, KITTY
STREET ADDRESS	16401 PERDIDO KEY DR.
CITY-ST-ZIP	PENSACOLA, FL 32507
TITLE	D
NAME	BURR, BEDE
STREET ADDRESS	16401 PERDIDO KEY DR
CITY-ST-ZIP	PENSACOLA, FL 32507

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04/27/05-80127-015 61.25

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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: Alan Dennis ALAN DENNIS, PRESIDENT 4/23/05 850 492 0822
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #