2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2007
Secretary of State

DOCUMENT# 737159

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:

LANAUX, MIKE
16401 PERDIDO KEY DR.
PENSACOLA, FL 32507 US

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: MIKE LANAUX 04/13/2007
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: SEIBT, NANCY
Address: 16401 PERDIDO KEY DR.
City-St-Zip: PENSACOLA, FL 32507

Title: D ( ) Delete
Name: MERRIWETHER, WILLIAM
Address: 16401 PERDIDO KEY
City-St-Zip: PENSACOLA, FL 32507

Title: SD ( ) Delete
Name: LANAUX, MIKE
Address: 16401 PERDIDO KEY DR.
City-St-Zip: PENSACOLA, FL 32507

Title: SD ( ) Delete
Name: GRONER, PAM
Address: 16401 PERDIDO KEY DR.
City-St-Zip: PENSACOLA, FL 32507

Title: SD ( ) Delete
Name: NOOJIN, JAN
Address: 16401 PERDIDO KEY DR
City-St-Zip: PENSACOLA, FL 32507

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD (X) Change ( ) Addition
Name: DENNIS, ALAN
Address: 16401 PERDIDO KEY DR.
City-St-Zip: PENSACOLA, FL 32507

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change ( ) Addition
Name: MERRIWETHER, WILLIAM
Address: 16401 PERDIDO KEY
City-St-Zip: PENSACOLA, FL 32507

Title: P (X) Change ( ) Addition
Name: LANAUX, MIKE
Address: 16401 PERDIDO KEY DR.
City-St-Zip: PENSACOLA, FL 32507

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: MIKE LANAUX P 04/13/2007
Electronic Signature of Signing Officer or Director Date