


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

FILED

**Jan 21, 2005 08:00 AM
Secretary of State**

DOCUMENT # 737603 1. Entity Name SEA RIDGE CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 4300 N OCEAN BLVD SUITE 5 DELRAY BEACH, FL 33483 US	Mailing Address 4300 N OCEAN BLVD SUITE 5 DELRAY BEACH, FL 33483 US
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01172005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1733465	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent ANDREW, J. PALGUTA 4300 N. OCEAN BLVD #1 DELRAY BEACH, FL 33483

**DO NOT WRITE
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 _____ (NOTE: Registered Agent signature required when reappointing) 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	D PALGUTA, ANDREW 4300 N. OCEAN BLVD #1 DELRAY BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JONES, ROBERT N. 4300 N OCEAN BLVD. #4 DELRAY BEACH, FL 33483
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ADAMS, COURTNEY 4300 N OCEAN BLVD #3 DELRAY BEACH, FL 33483
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JACOBS, THOMAS P JR 4300 N OCEAN BLVD #6 DELRAY BEACH, FL 33483
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CHUBLAKIAN, KAREN 4300 N OCEAN BLVD #5 DELRAY BEACH, FL 33483
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000189606
01/24/05-80102-011 61.25

**DO NOT WRITE
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)(f), 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 *Karen Chublakian* **KAREN CHUBLAKIAN** 1-15-05 561 276 873
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #