


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2008 08:00 AM
Secretary of State

DOCUMENT # 739995
 1. Entity Name
THE SEAMIST CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
275 BEACH ROAD **PO BOX 3665**
TEQUESTA, FL 33469 **TEQUESTA, FL 33469**

DO NOT WRITE IN THIS SPACE



02082008 No Chg-NP CR2E037 (4/06)

4. FEI Number Applied For
59-1813281 Not Applicable

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

6. Name and Address of Current Registered Agent
ERIC G. PETERSON
154 SIMSCREEK LANE
JUPITER, FL 33458

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

000000842513
 03/11/08-80049-016 61.25

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	TIBURZI JIBURZY, ALLAN
STREET ADDRESS	18549 LAKESIDE GARDENS DRIVE
CITY-ST-ZIP	JUPITER, FL 33458
TITLE	D
NAME	SCHOOLEY, JOSEPH
STREET ADDRESS	P.O. BOX 3125
CITY-ST-ZIP	CHERRY HILL, NJ 07401
TITLE	TD
NAME	CLARK, PATRICIA
STREET ADDRESS	2224 RIDGE RD
CITY-ST-ZIP	KALAMAZOO, MI 49008
TITLE	PD
NAME	TICE, RICHARD
STREET ADDRESS	275 BEACH RD C203
CITY-ST-ZIP	TEQUESTA, FL 33469
TITLE	SD
NAME	MEARIAH, WILLIAM
STREET ADDRESS	110 ADOBE CIRCLE
CITY-ST-ZIP	JUPITER, FL 33458
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ **2/22/08**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #