2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 744027

FILED Jan 30, 2007 Secretary of State

Entity Name: SEA PLACE OF VERO CONDOMINIUM ASSOCIATION, INC.

| Current Principal Place of Business: | | New Principal Place of Business: | | |
|--|---|---|---|---|
| | HLAND BLVD. ACH, FL 32963 | }- | | |
| Current Mailing Address: | | New Mailing Address: | | |
| | ER PALM DR ACH, FL 32963 | US | | |
| FEI Number: | 59-1731054 | FEI Number Applied For () | FEI Number Not Applicable | () Certificate of Status Desired () |
| Name and | Address of C | urrent Registered Agent: | Name and Addr | ress of New Registered Agent: |
| 756 BEAĆ | GEORGE G JF HLAND BLVD. ACH, FL 32963 | | | |
| | | | | |
| | named entity s e of Florida. | ubmits this statement for the | purpose of changing its regi | istered office or registered agent, or both, |
| n the State | e of Florida. | ubmits this statement for the | purpose of changing its regi | istered office or registered agent, or both, |
| n the State | e of Florida. | ubmits this statement for the | | istered office or registered agent, or both, Date |
| n the State | e of Florida. | c Signature of Registered Ag | gent | |
| n the State SIGNATUF DFFICERS Title: Name: Address: | e of Florida. RE: Electroni S AND DIRECT | c Signature of Registered Ag F ORS: Delete ALM DR | gent | Date |
| n the State BIGNATUF DFFICERS Title: Name: Address: City-St-Zip: Title: Name: Address: | e of Florida. RE: Electroni S AND DIRECT PD () LARKIN, LYNNE 4017 SILVER PA VERO BEACH, F | c Signature of Registered Ag FORS: Delete ALM DR FL 32963 Delete ARD ALM DRIVE | Jent ADDITIONS/CH Title: Name: Address: | Date ANGES TO OFFICERS AND DIRECTOR |
| n the State | E of Florida. RE: Electroni B AND DIRECT PD () LARKIN, LYNNE 4017 SILVER P/ VERO BEACH, F VD () MINAHAN, EDW 4009 SILVER P/ VERO BEACH, F | c Signature of Registered Agrons: Delete ALM DR FL 32963 Delete ARD ALM DRIVE FL 32963 Delete NLEE ALM DRIVE | pent ADDITIONS/CH Title: Name: Address: City-St-Zip: Title: Name: Address: | Date ANGES TO OFFICERS AND DIRECTOR () Change () Addition |

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: JOHN H SMITH TD 01/30/2007