
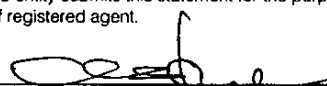
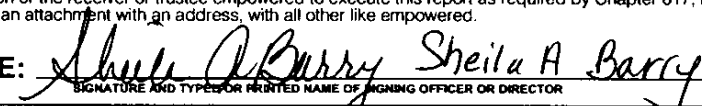


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 04, 2007 8:00 am**  
**Secretary of State**

04-04-2007 90176 025 \*\*\*\*61.25

|  |   |  |  |   |  |
|--|---|--|--|---|--|
| <b>DOCUMENT # 748883</b><br>1. Entity Name<br><b>SETON BY THE SEA CONDOMINIUM ASSOCIATION, INC.</b>  |   |  |  |    |  |
| Principal Place of Business<br><b>8000 RIDGEWOOD AVENUE</b><br><b>CAPE CANAVERAL, FL 32920 US</b>  |   |  | Mailing Address<br><b>8000 RIDGEWOOD AVE</b><br><b>CAPE CANAVERAL, FL 32920 US</b> |   |  |
| 2. Principal Place of Business - No P.O. Box #   |   | 3. Mailing Address   |  |   |  |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.  |  |   |  |
| City & State   |   | City & State   |  | 4. FEI Number<br><b>59-2167202</b>  |  |
| Zip  |   | Country  |  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>KANG, CHARLES</b><br><b>4510 DEANNA CT</b><br><b>MERRITT ISLAND, FL 32953</b>  |   |  |  | 7. Name and Address of New Registered Agent<br>Name <b>CHARLES KANE</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>4510 DEANNA COURT</b><br>City <b>MERRITT ISLAND</b> <b>FL</b> Zip Code <b>32953</b> |  |
| 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 <br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>   |   |  |  | DATE <b>3-21-07</b>   |  |
| <b>Filing Fee is \$61.25</b><br><b>Due by May 1, 2007</b>  |   | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> |  | <b>\$5.00 May Be Added to Fees</b>  |  |
| <b>Make check payable to Florida Department of State</b>   |   |  |  |   |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |   |  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>                       |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PD<br>BARRY, SHEILA<br>8000 RIDGEWOOD AVE<br>CAPE CANAVERAL, FL 32920             | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | SD<br>ATKINSON, ARLENE<br>8000 RIDGEWOOD AVENUE, #105<br>CAPE CANAVERAL, FL 32920 | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>DAVIS, META<br>8000 RIDGEWOOD AVENUE, #104<br>CAPE CANAVERAL, FL 32920       | <input checked="" type="checkbox"/> Delete                                       |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br><b>D CHERYL BOLD</b><br><b>8000 RIDGEWOOD AVE #206</b><br><b>CAPE CANAVERAL FL 32920</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VD<br>SUMMERS, PAUL<br>6908 HALLWOOD CT<br>LOUISVILLE, KY 40291                   | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | TD<br>GOTTWALD, GEORGE<br>55 PATRON PL<br>BALLSTON LAKE, NY 12019                 | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| 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:  <b>Sheila A. Barry</b>  |   |  |  | Date <b>3-21-2007</b>   |  |