

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 19, 2004 8:00 am
Secretary of State

03-19-2004 90066 035 ****61.25

DOCUMENT # 749406

1. Entity Name

SEA FERN CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

3807 S. ATLANTIC AVE.
DAYTONA BEACH SHORES FL 32127

Mailing Address

3807 S. ATLANTIC AVE.
DAYTONA BEACH SHORES FL 32127

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

FREAR, CLAYTON G
3807 S. ATLANTIC AVE. #404
DAYTONA BEACH SHORES FL 32127

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME FREAR, CLAYTON G
STREET ADDRESS 3807 S ATLANTIC AVE #404
CITY-ST-ZIP DAYTONA BEACH FL 32127

TITLE VPD ☐ Delete
NAME BOONE, VIVIAN
STREET ADDRESS 9136 BAYHILL BLVD
CITY-ST-ZIP ORLANDO FL 32819

TITLE TD ☐ Delete
NAME TENNIS, HELEN
STREET ADDRESS 525 OLOLU DRIVE
CITY-ST-ZIP WINTER PARK FL 32789

TITLE S ☐ Delete
NAME BRIGIN, T.J.
STREET ADDRESS 3807 S ATLANTIC AVE #304
CITY-ST-ZIP DAYTONA BEACH SHORES FL 32127

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VPD ☒ Change ☐ Addition
NAME DAVID YARLOTT
STREET ADDRESS 8252 S.E. 21ST AVE
CITY-ST-ZIP OCALA, FL 34480

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S ☒ Change ☐ Addition
NAME BRIGHT, T.J.
STREET ADDRESS 1602 NE 37TH AVE
CITY-ST-ZIP OCALA, FL 34470

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

24025516



MOORE

CR2E037 (11/03)

4. FEI Number

59-2086173

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required