

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Feb 06, 2006 8:00 am
Secretary of State

02-06-2006 90092 014 ****61.25



DOCUMENT # 749406
1. Entity Name
SEA FERN CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address
**3807 S. ATLANTIC AVE.
DAYTONA BEACH SHORES FL 32127** **3807 S. ATLANTIC AVE.
DAYTONA BEACH SHORES FL 32127**



2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E037 (10/05)

City & State City & State

4. FEI Number Applied For
59-2086173 Not Applicable

Zip Country Zip Country

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

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 *Clayton G Frear* DATE *1/24/06*
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

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 NAME STREET ADDRESS CITY-ST-ZIP	PD FREAR, CLAYTON G 3807 S ATLANTIC AVE #404 DAYTONA BEACH FL 32127	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD YARLOTT, DAVID 8252 SE 21ST AVE OCALA FL 34480	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TENNIS, HELEN 525 OLOLU DRIVE WINTER PARK FL 32789	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BRIGIN, T.J. 1602 NE 37TH AVE OCALA FL 34470	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Name & Address the same	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ARJUNIA OAKLEY 5007 AURORA DR. KENSINGTON, Md, 20895	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Valerie Frear 3807 S. Atlantic Ave #404 Daytona Beach Shores, Fl. 32118	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS 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 Section 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: *Helen L. Tennis* *Wolpu L. Jamaica, TD* DATE: *1/24/06* *407-647-3925*