


# 2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

APPROVED  
AND  
FILED

05 SEP 27 PM 12:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

300060203713  
10/04/05--01015--011 \*\*\$1.25  
SEP 27 2005

<b>DOCUMENT # 750560</b>			
1. Entity Name <b>SEASTONE CONDOMINIUM ASSOCIATION, INC.</b>			
Principal Place of Business 9845 S.E. FEDERAL HIGHWAY HOBE SOUND, FL 33455 US		Mailing Address 9845 S.E. FEDERAL HIGHWAY HOBE SOUND, FL 33455 US	
2. Principal Place of Business 685 E. HILLSBORO BLVD.		3. Mailing Address 685 E. HILLSBORO BLVD.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>DEERFIELD BEACH, FLORIDA</b>		City & State <b>DEERFIELD BEACH, FLORIDA</b>	
Zip 33441	Country BROWARD	Zip 33441	Country BROWARD
4. FEI Number 20-2548763		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  RANGER, ROBERT D 4300 ST LUCIE BLVD, UNIT 15 STUART, FL 34967		7. Name and Address of New Registered Agent Name <b>DONALD B. WHEELER</b> Street Address (P.O. Box Number is Not Acceptable) <b>685 E. HILLSBORO BLVD.</b> City <b>DEERFIELD BEACH</b> FL <b>33441</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 <i>Donald B Wheeler</i> <b>DONALD B. WHEELER</b> 10/04/05--01015--011 **\$1.25 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RANGER, ROBERT D 4300 ST LUCIE BLVD STUART, FL 34997 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	SECRETARY Sandra Shea Siegel 685 E. Hillsboro Blvd. Deerfield Beach, FL 33441 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RANGER, JANE C 4300 ST LUCIE BLVD STUART, FL 34997 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	TREASURER Anthony A. Siegel 685 E. Hillsboro Blvd. Deerfield Beach, FL 33441 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T RANGER, THOMAS M 4194 ST LUCIE BLVD STUART, FL 34997 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VICE PRESIDENT Brian D. Klemetsmo 685 E. Hillsboro Blvd. Deerfield Beach, FL 33441 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DIRECTOR Judy Wheeler 685 E. Hillsboro Blvd. Deerfield Beach, FL 33441 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DIRECTOR Kimberly Shea 685 E. Hillsboro Blvd. Deerfield Beach, FL 33441 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT DONALD B. WHEELER 685 E. Hillsboro Blvd. Deerfield Beach, FL 33441 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Donald B Wheeler</i> <b>DONALD B. WHEELER</b>		Date <b>9-8-05</b> Daytime Phone #	