


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # 751292 1. Entity Name SEA PINES CONDOMINIUM NO. 1 ASSOCIATION, INC.	
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Principal Place of Business 1835 NE 169TH STREET N. MIAMI BCH FL 33162 US	Mailing Address 1835 N.E. 169 ST. N. MIAMI BEACH FL 33162 US
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #. etc.	3. Mailing Address Suite, Apt. #. etc.
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City & State	City & State	4. FEI Number 65-0123156	Applied For Not Applicable
Zip	Country	Zip	Country

1st MOORE CR2E037 (10/06)

6. Name and Address of Current Registered Agent MCMEANS, KENNETH 1835 NE 169TH STREET N. MIAMI BCH FL 33162	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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 NAME: MCMEANS, KENNETH STREET ADDRESS: 1835 N.E. 169TH ST. CITY-ST-ZIP: N. MIAMI BEACH FL	<input type="checkbox"/> Delete
TITLE: VD NAME: MCMEANS, KENNETH STREET ADDRESS: 1835 N.E. 169 ST. CITY-ST-ZIP: MIAMI FL 33162	<input type="checkbox"/> Delete
TITLE: SD NAME: ALEXIS, MARIE STREET ADDRESS: 1845 NE 169 STREET CITY-ST-ZIP: MIAMI FL 33162	<input 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
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: _____	<input 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
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

U00000607474
01/31/07-80038-019 61.25

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 iiko empowered.

SIGNATURE: *Kenneth D. McMeans* **1/26/07 385-940 5216**