

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90207 006 ****61.25

DOCUMENT # 751554

1. Entity Name
SEA ECHO CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**400 AUBURN DR.
DAYTONA BEACH, FL 32118 US**

Mailing Address
**182 S YOUNGE ST
ORMOND BEACH, FL 32174 US**

DO NOT WRITE IN THIS SPACE



01292007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2297330	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

**TODD REALTY & MANAGEMENT, INC.
182 S YONGE ST
ORMOND BEACH, FL 32174**

**DO NOT WRITE
IN THIS SPACE**

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 _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME **CACIG, MARLENE** *Cacig*
STREET ADDRESS
CITY - ST - ZIP **400 AUBURN DRIVE #1
DAYTONA BEACH, FL 32118**

TITLE
NAME **COCCE, LILIAN** *Cocci*
STREET ADDRESS
CITY - ST - ZIP **51 OCEAN WAY DR.
PORT ORANGE, FL 32127**

TITLE
NAME **VP
PEARSON, STELLA**
STREET ADDRESS
CITY - ST - ZIP **400 AUBURN, #8
DAYTONA BEACH, FL 32118**

TITLE
NAME **S
MOOREHEAD, JOHN**
STREET ADDRESS
CITY - ST - ZIP **143 UNIVERSITY DR
ORMOND BEACH, FL 32176**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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: *Lilian L. Cocci*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/17/07