


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 23, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # 751871**  
 1. Entity Name  
**SEA TREAT CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business      Mailing Address  
 2110 GULF BLVD                      2110 GULF BLVD  
 PO BOX 763                              PO BOX 763  
 INDIAN ROCKS BCH, FL 33785 US      INDIAN ROCKS BCH, FL 33785-0763 US



04202004 No Chg-NP      CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number      Applied For  
 59-2027109      Not Applicable

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

6. Name and Address of Current Registered Agent  
 MARION L MILLER  
 155 COE RD  
 BELLEAIR FL, FL 33756

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by May 1, 2004**

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

1100000126312  
 04/23/04-80028-025 61.25

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	FERGUSON, THOMAS
STREET ADDRESS	1810 EAST MAIN ST
CITY-ST-ZIP	GREENFIELD, IN 46140
TITLE	D
NAME	REAM, BENJAMIN
STREET ADDRESS	2110 GULF BLVD
CITY-ST-ZIP	INDIAN ROCKS BEACH, FL 33785
TITLE	D
NAME	HALL, CLETIA
STREET ADDRESS	1150 WHISPER RUN CT
CITY-ST-ZIP	LUTZ, FL 33549
TITLE	D
NAME	TOMBLIN, WILLIAM
STREET ADDRESS	1400 GULF BLVD
CITY-ST-ZIP	CLEARWATER, FL 33767
TITLE	PD
NAME	MAGES, ELMER
STREET ADDRESS	10170 EDELWEISS CIRLCE
CITY-ST-ZIP	SHAWNEE MISSION, KS 66203
TITLE	ST
NAME	MILLER, MARION
STREET ADDRESS	155 COE RD
CITY-ST-ZIP	BELLEAIR, FL

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** Benjamin Ream Benjamin Ream 4/21/04 727-517-1162  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #