


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2007 08:00 AM
Secretary of State

DOCUMENT # 751871

1. Entity Name
SEA TREAT CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 2110 GULF BLVD PO BOX 763 INDIAN ROCKS BCH, FL 33785 US	Mailing Address 2110 GULF BLVD PO BOX 763 INDIAN ROCKS BCH, FL 33785-0763 US
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01252007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2027109	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**REAM, BENJAMIN
 2110 GULF BLVD UNIT #7
 INDIAN ROCKS BEACH, FL 33785**

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 _____ (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 STREET ADDRESS CITY - ST - ZIP	D FERGUSON, THOMAS 1810 EAST MAIN ST GREENFIELD, IN 46140
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD REAM, BENJAMIN 2110 GULF BLVD INDIAN ROCKS BEACH, FL 33785
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD HALL, CLETIA 1150 WHISPER RUN CT LUTZ, FL 33549
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BLAKE, ESTELLE 2110 GULF BLVD INDIAN ROCKS BEACH, FL 33785
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FERGUSON, JOAN 474 BAY MEADOW DR WEBSTER, NY 14580
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

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 02/16/07-80037-010-61.25

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: Benjamin Ream Benjamin Ream 2/5/07 727-517-1162

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #