

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 13, 2008 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**



02082008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2027109	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

**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: *Benjamin Ream* *Benjamin Ream* *2/11/08*
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

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

10. OFFICERS AND DIRECTORS

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

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02/21/08-80053-011-61:25

**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: *Benjamin Ream* *Benjamin Ream* *2/11/08* *727-517-1162*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #