

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 13, 2005 8:00 am**  
**Secretary of State**

04-13-2005 90060 048 \*\*\*\*61.25

40000000



04042005 Chg-NP CR2E037 (10/03)

4. FEI Number  
59-2058426

Applied For  
Not Applicable

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

**DOCUMENT # 752323**  
1. Entity Name  
SEA VILLA CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business  
1425 A1A  
SATELLITE BEACH, FL 32937

Mailing Address  
1425 A1A  
SATELLITE BEACH, FL 32937

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
c/o L.L. Fischer, Secretary

1425 Highway A1A, #3

City & State  
Satellite Beach, FL

Zip  
32937

Country  
Brevard

6. Name and Address of Current Registered Agent

WELCH, CHARLOTTE  
1425 A1A HIGHWAY UNIT 12  
SATELLITE BEACH, FL 32937

7. Name and Address of New Registered Agent

Name  
Lynn L. Fischer, Secretary

Street Address (P.O. Box Number is Not Acceptable)

1425 Highway A1A, #3

City  
Satellite Beach FL Zip Code  
32937

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 *Lynn L. Fischer* Lynn L. Fischer 4/9/05  
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, 2005

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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	PD	<input checked="" type="checkbox"/> Delete		TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HERNANDEZ, MARY			NAME	Beatty, Mary		
STREET ADDRESS	1425 A1A #18			STREET ADDRESS	1425 Highway A1A, #7		
CITY-ST-ZIP	SATELLITE BEACH, FL 32937			CITY-ST-ZIP	Satellite Beach, FL 32937		
TITLE	VPD	<input checked="" type="checkbox"/> Delete		TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	CATLERON, SCOTT			NAME	Jon Cameron		
STREET ADDRESS	1425 A1A #5			STREET ADDRESS	1425 Highway A1A, #15		
CITY-ST-ZIP	SATELLITE BEACH, FL 32937			CITY-ST-ZIP	Satellite Beach, FL 32937		
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	WELCH, CHARLOTTE			NAME	Thomas Bolas		
STREET ADDRESS	1425 A1A #12			STREET ADDRESS	1425 Highway A1A, #10		
CITY-ST-ZIP	SATELLITE BEACH, FL 32937			CITY-ST-ZIP	Satellite Beach, FL 32937		
TITLE	S	<input checked="" type="checkbox"/> Delete		TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	CUPP, DAVID			NAME	Lynn Fischer		
STREET ADDRESS	1425 A1A #5			STREET ADDRESS	1425 Highway A1A, #3		
CITY-ST-ZIP	SATELLITE BEACH, FL 32937			CITY-ST-ZIP	Satellite Beach, FL 32937		
TITLE	D	<input type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MOODY, PHYLLIS			NAME	Phyllis Moody		
STREET ADDRESS	1425 A1A #25			STREET ADDRESS	1425 Highway A1A, #25		
CITY-ST-ZIP	SATELLITE BEACH, FL 32937			CITY-ST-ZIP	Satellite Beach, FL 32937		
TITLE	D	<input type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BEATTY, MARY			NAME	Buz Muse, Renaissance Real Estate Group		
STREET ADDRESS	1425 A1A #7			STREET ADDRESS	9251 N. Penn Place		
CITY-ST-ZIP	SATELLITE BEACH, FL 32937			CITY-ST-ZIP	Oklahoma City, OK 73120		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Lynn L. Fischer* Lynn L. Fischer, Secretary, 4/9/05, 321-868-1105  
Signature and typed or printed name of signing officer or director Date Daytime Phone #