

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 05, 2006 8:00 am**  
**Secretary of State**

04-05-2006 90154 016 \*\*\*\*70.00

**DOCUMENT # 753620**

1. Entity Name

SEA CLUB IV OWNERS ASSOCIATION, INC.



Principal Place of Business

3229 S ATLANTIC AVE  
DAYTONA BCH SHORES FL 32118-6256

Mailing Address

3229 S ATLANTIC AVE  
DAYTONA BCH SHORES FL 32118-6256



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2158069

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

1st MOORE

CR2E037 (10/05)

6. Name and Address of Current Registered Agent

GOODWIN, MORRIS W  
150 DUNDEE RD  
DAYTONA BEACH SHORES FL 32118

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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

**FILE NOW: FEE IS \$61.25**

**Due By May 1, 2006**

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

TITLE **TD** ☐ Delete  
NAME **BACON, DONALD**  
STREET ADDRESS **1239 OCEANSHORE BLVD.**  
CITY-STATE-ZIP **ORMOND BEACH FL 32176**

TITLE **D** ☒ Delete  
NAME **TOWNSEND, TIMOTHY**  
STREET ADDRESS **2632 SW 98TH DRIVE**  
CITY-STATE-ZIP **GAINESVILLE FL 32608**

TITLE **SD** ☐ Delete  
NAME **LESKO, JUNE**  
STREET ADDRESS **3229 S ATLANTIC AVE**  
CITY-STATE-ZIP **DAYTONA BEACH SHORES FL 32118**

TITLE **VPD** ☐ Delete  
NAME **MATHEWES, SHIRLEY**  
STREET ADDRESS **3229 S ATLANTIC AVE**  
CITY-STATE-ZIP **DAYTONA BCH FL**

TITLE **PD** ☐ Delete  
NAME **REILLY, WILLIAM J.**  
STREET ADDRESS **3229 S. ATLANTIC AVE**  
CITY-STATE-ZIP **DAYTONA BEACH SHORES FL 32118**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE **D** ☐ Change ☒ Addition  
NAME **Roger Creamer**  
STREET ADDRESS **1365 Riviera Dr.**  
CITY-STATE-ZIP **Green Cove Springs, FL 32043**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:** *William J. Reilly, President*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3/29/06 386-767-2700*

Date Daytime Phone #