

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 755801

FILED  
Apr 05, 2011  
Secretary of State

**Entity Name:** SEA TERN OF HUTCHINSON ISLAND CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O ELLIOTT MERRILL COMMUNITY MANAGEMENT  
835 20TH PLACE  
VERO BEACH, FL 32960

**New Principal Place of Business:**

C/O DELTA MANAGEMENT GROUP, INC.  
1713 RIO VISTA DRIVE  
FORT PIERCE, FL 34949

**Current Mailing Address:**

C/O ELLIOTT MERRILL COMMUNITY MANAGEMENT  
835 20TH PLACE  
VERO BEACH, FL 32960 US

**New Mailing Address:**

C/O DELTA MANAGEMENT GROUP, INC.  
1713 RIO VISTA DRIVE  
FORT PIERCE, FL 34949

**FEI Number:** 59-2184466

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ROSS EARLE & BONAN P.A.  
759 SOUTH FEDERAL HWY  
STUART, FL 34994 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: S  
Name: PETRY, R. KENDRICK JR  
Address: 1630 SEAWAY DR #204  
City-St-Zip: FORT PIERCE, FL 34949

Title: VP  
Name: TATE, DELORES M  
Address: 1630 SEAWAY DR #107  
City-St-Zip: FT PIERCE, FL 34949

Title: T  
Name: JAMES, THOMAS M  
Address: 1630 SEAWAY DR #106  
City-St-Zip: FT PIERCE, FL 34949

Title: P  
Name: PARKER, PAUL  
Address: 1630 SEAWAY DR., #109  
City-St-Zip: FORT PIERCE, FL 34949

Title: D  
Name: NADEN, DEAN B  
Address: 1630 SEAWAY DR #306  
City-St-Zip: FORT PIERCE, FL 34949

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: PAUL PARKER

PRES

04/05/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date