

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 11, 2005 8:00 am
Secretary of State

02-11-2005 90036 002 ****61.25

DOCUMENT # 759215

1. Entity Name

THE SEA PEARL CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

CHARLES M. DAWSON
PO BOX 361021
MELBOURNE FL 32936-1021
US

Mailing Address

CHARLES M. DAWSON
PO BOX 361021
MELBOURNE FL 32936-1021
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



1st MOORE

CR2E037 (10/04)

4. FEI Number

59-2497501

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BOHNE, KARL W JR.
780 S. APOLLO BLVD
MELBURN FL 32901

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, 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	CRONMENBURG, DAVID	
STREET ADDRESS	310 EIGHT AVE	
CITY-ST-ZIP	INDIALANTIC FL 32903	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	ROLLISON, JAMES A	
STREET ADDRESS	151-1 PARADISE BLVD	
CITY-ST-ZIP	INDIALANTIC FL 32903	
TITLE	STD	<input type="checkbox"/> Delete
NAME	ATKINSON, ANNA	
STREET ADDRESS	785 POINSETTA DR.	
CITY-ST-ZIP	INDIALANTIC FL 32903	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Theresa Linden	
STREET ADDRESS	151 gate paradise BLVD # 2	
CITY-ST-ZIP	Indialantic, FL 32903	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Risha McLennan	
STREET ADDRESS	151 gate paradise BLVD # 3	
CITY-ST-ZIP	Indialantic, FL 32903	
TITLE	Secy	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Tiffany Hottel	
STREET ADDRESS	151 gate paradise BLVD # 4	
CITY-ST-ZIP	Indialantic FL 32903	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Theresa Linden President 2-7-05 321-773-6439*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #