

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2007 8:00 am
Secretary of State

04-06-2007 90031 050 ****61.25

DOCUMENT # 759215 1. Entity Name THE SEA PEARL CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business PO BOX 33241 INDIALANTIC, FL 32903-3241 US		Mailing Address PO BOX 33241 INDIALANTIC, FL 32903-3241 US	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address 204 W. Cocoa Beach Cswy Suite, Apt. #, etc.	
City & State Zip Country		City & State Cocoa Beach FL Zip Country 32931 Brevard	
4. FEI Number 59-2497501		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 BOHNE, KARL W JR. 780 S. APOLLO BLVD MELBURNE, FL 32901		7. Name and Address of New Registered Agent Name Keldorff Inc. DBA Shorecase Prop. Mgmt. Street Address (P.O. Box Number is Not Acceptable) 40 Karen Gunn Blvd 204 W. Cocoa Beach Cswy City Cocoa Beach State FL Zip Code 32931	
8. The above named entry 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 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY-ST-ZIP	VPD LINDEN, THERESA 151 PARADISE BOULEVARD #2 INDIALANTIC, FL 32903	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary/Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDM MCLEONARD, RISHA 159 PARADISE BOULEVARD #3 INDIALANTIC, FL 32903	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STDC HILL, CHRISTOPHER 151 PARADISE BOULEVARD #4 INDIALANTIC, FL 32903	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP James Gilman 159 Paradise Blvd #1 Indialantic, FL 32903 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.			
SIGNATURE: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			