

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006 8:00 am
Secretary of State

04-19-2006 90111 048 ****70.00

DOCUMENT # 759385

1. Entity Name
**SEVEN SEAS CONDOMINIUM ASSOCIATION OF
DAYTONA BEACH SHORES, FLORIDA, INC.**



Principal Place of Business
**C/O 2433 SOUTH ATLANTIC AVENUE
DAYTONA BEACH SHORES, FL 32018**

Mailing Address
**C/O 2433 SOUTH ATLANTIC AVENUE
DAYTONA BEACH SHORES, FL 32018**

50013901



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03302006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number
59-2277678

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**GOODWIN, MORRIS
150 DUNDEE RD., STE B
DAYTONA BEACH SHORES, FL 32018**

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

**Filing 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 **P** ☐ Delete
NAME **NETTLES, WALTER**
STREET ADDRESS **182 EKANA CIRCLE**
CITY-ST-ZIP **DAYTONA BEACH, FL 32124**

TITLE **VP** ☐ Delete
NAME **NORMAN GUTLOVE**
STREET ADDRESS **4641 S ATLANTIC #701**
CITY-ST-ZIP **PONCE INLET, FL 32127**

TITLE **T** ☒ Delete
NAME **ROBERT CULPEPPER**
STREET ADDRESS **1210 SEMINOLE DR**
CITY-ST-ZIP **KISSIMEE, FL 34744**

TITLE **D** ☐ Delete
NAME **BRYAN, RAYMOND**
STREET ADDRESS **PO BOX 346 NA**
CITY-ST-ZIP **MT DORA, FL**

TITLE **D** ☐ Delete
NAME **GOULD, CONNIE**
STREET ADDRESS **3780 CLYDE-MORRIS BLVD. #607**
CITY-ST-ZIP **PT ORANGE, FL**

TITLE **S** ☐ Delete
NAME **GOODWIN, MORRIS W.**
STREET ADDRESS **662 PRINCEWOOD DRIVE**
CITY-ST-ZIP **DELAND, FL**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **Treasurer** ☐ Change ☒ Addition
NAME **Sherron Cook**
STREET ADDRESS **Lake Charles Dr.**
CITY-ST-ZIP **DeLand FL 32124**

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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CITY-ST-ZIP

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

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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Morris Goodwin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/2006
Date

386-788-4546
Daytime Phone #