

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 759385

FILED
Apr 25, 2008
Secretary of State

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

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-2277678

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GOODWIN, MORRIS
150 DUNDEE RD., STE B
DAYTONA BEACH SHORES, FL 32018 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: P () Delete
Name: GATLOVE, NORMAN
Address: 4641 S. ATLANTIC AVE #701
City-St-Zip: PONCE INLET, FL 32127

Title: VP () Delete
Name: NETTLES, WALTER
Address: 182 EKANE CIRCLE
City-St-Zip: DAYTONA BEACH, FL 32124

Title: T () Delete
Name: COOK, SHERRON
Address: 300 LAKE CHARLES CIRCLE
City-St-Zip: DELAND, FL 32724

Title: D () Delete
Name: BRYAN, RAYMOND
Address: PO BOX 346 NA
City-St-Zip: MT DORA, FL

Title: D () Delete
Name: GOULD, CONNIE
Address: 3780 CLYDE-MORRIS BLVD. #607
City-St-Zip: PT ORANGE, FL

Title: S () Delete
Name: GOODWIN, MORRIS W.,
Address: 662 PRINCEWOOD DRIVE
City-St-Zip: DELAND, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: GUTLOVE, NORMAN
Address: 4641 S. ATLANTIC AVE #701
City-St-Zip: PONCE INLET, FL 32127

Title: VP (X) Change () Addition
Name: ERWIN, GEORGE
Address: 2638 SHIPROCK COURT
City-St-Zip: DELTONA, FL 32738

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: ROSSETTI, FRANK
Address: 801 W. VOORHIS AVE
City-St-Zip: DELAND, FL 32720

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MORRIS W. GOODWIN

SECR

04/25/2008

Electronic Signature of Signing Officer or Director

Date