

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 760376

FILED  
Mar 19, 2007  
Secretary of State

Entity Name: SEA WOODS HOMEOWNERS ASSOCIATION, INC.

## Current Principal Place of Business:

2180 W SR 434  
SUITE 5000  
LONGWOOD, FL 32779 US

## New Principal Place of Business:

## Current Mailing Address:

2180 W SR 434  
SUITE 5000  
LONGWOOD, FL 32779 US

## New Mailing Address:

FEI Number: 59-1299564      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HART, JAMES W JR  
SENTRY MANAGEMENT, INC.  
2180 W STATE ROAD 434, SUITE 5000  
LONGWOOD, FL 32779 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: PTD ( ) Delete  
Name: HALLACY, JOHN  
Address: 4302 GULL COVE  
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: D ( ) Delete  
Name: LEVINGS, JACK  
Address: 4214 GULL COVE  
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: VPD ( ) Delete  
Name: KRAKER, JAMES  
Address: PO BOX 96  
City-St-Zip: GOUVERNEUR, NY 13642

Title: S ( ) Delete  
Name: SKINNER, MARTHA  
Address: 4324 SEAMIST DR.  
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: D ( ) Delete  
Name: MCHUGH, ROBERT  
Address: 4221 GULL COVE  
City-St-Zip: NEW SMYRNA BEACH, FL 32169

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change ( ) Addition  
Name: KRAKER, JAMES  
Address: 4225 GULL COVE  
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: VPSD (X) Change ( ) Addition  
Name: SKINNER, MARTHA  
Address: 4324 SEA MIST DR  
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: D (X) Change ( ) Addition  
Name: AYLWARD, ANDREW  
Address: 4218 GULL COVE  
City-St-Zip: NEW SMYRNA BEACH, FL 32169

I hereby certify that the information supplied with this filing does not qualify for the 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: JOHN HALLACY

PTD

03/19/2007

Electronic Signature of Signing Officer or Director

Date