2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2005
Secretary of State

DOCUMENT# 761751

Entity Name: SEA BLUFF CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

10221 EMERALD COAST PKWY W
STE 23
MIRAMAR BEACH, FL 32550 US

New Principal Place of Business:

Current Mailing Address:

10221 EMERALD COAST PKWY W
STE 23
MIRAMAR BEACH, FL 32550 US

New Mailing Address:

FEI Number: 59-2355436 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GELDER, JAY
EMERALD COAST ASSOCIATION MANAGEMENT
10221 EMERALD COAST PKWY, WEST, S23
MIRAMAR BEACH, FL 32550 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: STD ( ) Delete
Name: LARCHE, JIM
Address: 1500 FALLEN LEAF DR. SW
City-St-Zip: MARIETTA, GA 30064

Title: D ( ) Delete
Name: EDMONDSON, DEBORAH
Address: 401 BLAKELY RD
City-St-Zip: HAVERFORD, PA 19041

Title: PD ( ) Delete
Name: PARKER, FRANCES
Address: PO BOX 799
City-St-Zip: THOMASVILLE, GA 31799

Title: VP ( ) Delete
Name: MILLER, ALICE
Address: 2381 W. HWY 30-A, #13
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: D ( ) Delete
Name: FINERAN, GEORGE
Address: 217 OLD POND RD
City-St-Zip: LAGRANGE, GA 30240

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: PD (X) Change ( ) Addition
Name: EDMONDSON, DEBORAH
Address: 1430 FARVIEW RD.
City-St-Zip: VILLANOVA, PA 19085

Title: D (X) Change ( ) Addition
Name: PARKER, FRANCES
Address: PO BOX 799
City-St-Zip: THOMASVILLE, GA 31799

Title: VP (X) Change ( ) Addition
Name: ANDERSON, BETTY
Address: 2381 W. HWY 30-A, #8
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: D (X) Change ( ) Addition
Name: FINERAN, DARYL
Address: 2009 GLEN OAKS DR.
City-St-Zip: STATESBORO, GA 30461

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DEBORAH EDMONDSON PD 01/25/2005

Electronic Signature of Signing Officer or Director — Date