

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 761751

FILED
Jan 20, 2006
Secretary of State

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

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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: DEBORAH EDMONDSON

PD

01/20/2006

Electronic Signature of Signing Officer or Director

Date