## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 761751** 

FILED Apr 07, 2008 Secretary of State

Entity Name: SEA BLUFF CONDOMINIUM ASSOCIATION, INC.

	rincipal Place	of Business:		New Princ	cipal Place of Business:
10221 EMI STE 23	ERALD COAS	T PKWY W			
	BEACH, FL 3	2550 US			
Current M	ailing Addres	ss:		New Maili	ing Address:
10221 EME STE 23	ERALD COAS	T PKWY W			
	BEACH, FL 3	2550 US			
FEI Number	: 59-2355436	FEI Number Applied For ( )	FEI Num	ber Not Appl	licable ( ) Certificate of Status Desired ( )
Name and	Address of C	Current Registered Agen	t:	Name and	Address of New Registered Agent:
10221 EMI MIRAMAR The above	ERALD COAS BEACH, FL 3			changing i	its registered office or registered agent, or both,
SIGNATU					
	Electror	nic Signature of Registered	l Agent		Date
OFFICER	S AND DIREC	TORS:		ADDITION	NS/CHANGES TO OFFICERS AND DIRECTOR
Title: Vame:	LARCHE, JIM	Delete LEAF DR. SW		Title: Name: Address:	( ) Change ( ) Addition
Address:	MARIETTA, GA			City-St-Zip:	
Address: City-St-Zip: Title: Name: Address:	MARIETTA, GA	30064 Delete DAOKS			D (X) Change ( ) Addition MILLER, ALICE 171 INDIAN BAY DRIVE FREEPORT, FL 32439
Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: City-St-Zip:	MARIETTA, GA PD ( ) GRACE, MIKE 3472 HUNDRE BATON ROUGE VPD ( ) ANDERSON, B 2381 W. CO. R	30064 Delete DAOKS E, LA 70808 Delete ETTY		City-St-Zip: Title: Name: Address:	MILLER, ALICE 171 INDIAN BAY DRIVE
Address: City-St-Zip: Fitle: Name: Address: City-St-Zip: Fitle: Name: Address:	MARIETTA, GA PD ( ) GRACE, MIKE 3472 HUNDRE BATON ROUGE VPD ( ) ANDERSON, B 2381 W. CO. R SANTA ROSA E D ( ) REASONOVER	30064 Delete DAOKS E, LA 70808 Delete ETTY D. 30A #8 BEACH, FL 32459 Delete , JACK ADARKO TRAIL		City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	MILLER, ALICE 171 INDIAN BAY DRIVE FREEPORT, FL 32439

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: JACK EDMONDSON PD 04/07/2008