2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Secretary of State DOCUMENT # 765445 1. Entity Name 02-10-2006 90012 030 ****61.25 SEAVIEW OF JACKSONVILLE BEACH CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 501 A 2ND ST S 501 A 2ND ST S JACKSONVILLE BEACH FL 32250 JACKSONVILLE BEACH FL 32250 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) Applied For City & State 4. FEI Number City & State 59-2809514 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MCDANIEL, LEA ELLEN B. Da Ponte 501 S 2ND STREET 501 A 2Nd. 51.5 APT B Jacksonville BEACH FL 32250 FL, 32250 Street Address (P.O. Box Number is Not Acceptable) Zip Code 32250 Jackson VILLE 8. 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. I am familiar with, and accept the obligations of registered agent (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be Trust Fund Contribution. Due By May 1, 2006 Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. STD ■ Addition TITLE □ Delete TITLE DAPONTE, ELLEN NAME 501 S 2ND UNIT A STREET ADDRESS STREET ADDRESS JACKSONVILLE BCH FL CiTY - ST- 7IP CITY-ST-7IP PD ☐ Change ☐ Addition TITLE Zelete TITLE MCDANIEL, LEA-NAME 501 2ND STREET S, UNIT B STREET ADDRESS STREET ADDRESS JACKSONVILLE BCH FL 32550 CITY-ST-7IP CITY-ST-ZIP Delete_ TITLE ☐ Change ☐ Addition DAPONTE, JOHN F NAME NAME 501 A S 2ND STREET STREET ADDRESS STREET ADDRESS CITY-ST-7IP JACKSONVILLE FL 32250 CITY-ST-ZIP Delete ☐ Change Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PREENGE VOUGLNOBELE 126 Bay. St. NEPTUME BCh FL3226 TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS

FILED

Feb 10, 2006 8:00 am

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119. Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-7IP

Un B. Dafant