2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#765618

FILED Apr 28, 2006 Secretary of State

Entity Name: SEA WOODS CONDOMINIUM ASSOCIATION NO. 1, INC.

Current Principal Place of Business: New Principal Place of Business:

4309 SEA MIST DR 2180 W SR 434 NEW SMYRNA BEACH, FL 32169 SUITE 5000 US

LONGWOOD, FL 32779 US

Current Mailing Address: New Mailing Address:

2180 W SR 434 4309 SEA MIST DR

SUITE 5000 NEW SMYRNA BEACH, FL 32169 US

LONGWOOD, FL 32779 US

FEI Number: 59-2263618 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HART, JAMES W JR 2180 W. SR 434 STE 5000 LONGWOOD, FL 32779 US

OFFICERS AND DIRECTORS:

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:

Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete

LUPINSKI, GERALD LUPINSKI, GERALD Name: Name: 229 NEDDLES TRAIL Address: 279 NEDDLES TRAIL Address: City-St-Zip: LONGWOOD, FL 32779 City-St-Zip: LONGWOOD, FL 32779

Title: Title: SD (X) Change () Addition () Delete OLSON, PAUL Name: OLSON, PAUL Name: Address: 866 MARLOWE AVE Address: 866 MARLOWE AVE City-St-Zip: ORLANDO, FL 32809 City-St-Zip: ORLANDO, FL 32809

Title: () Delete Title: (X) Change () Addition DIEBLER, DOUGLAS

HARMON, JULIA Name: Name: Address: 4403 SEA MIST DR # 210 Address: 909 DARTMOUTH ST City-St-Zip: NEW SMYRNA BEACH, FL 32169 City-St-Zip: ORLANDO, FL 32804

() Delete Title: Title: TD (X) Change () Addition

RODRIGUEZ, ANDREW Name: Name: RODRIGUEZ, ANDREW 4502 KATY DR Address: 4502 KATY DR

Address: NEW SMYRNA BEACH, FL 32169 City-St-Zip: City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: () Delete Title: () Change (X) Addition

KOFFEMAN, JENNY Name: Name: 4401 SEA MIST DR Address: Address:

NEW SMYRNA BEACH, FL 32169 City-St-Zip: 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: GERALD LUPINSKI PD 04/28/2006