

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 765618

FILED  
Mar 19, 2007  
Secretary of State

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

## Current Principal Place of Business:

2180 W SR 434  
SUITE 5000  
LONGWOOD, FL 32779 US

## New Principal Place of Business:

## Current Mailing Address:

2180 W SR 434  
SUITE 5000  
LONGWOOD, FL 32779 US

## New Mailing Address:

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

## Name and Address of Current Registered Agent:

HART, JAMES W JR  
2180 W. SR 434 STE 5000  
LONGWOOD, FL 32779 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: PD ( ) Delete  
Name: LUPINSKI, GERALD  
Address: 279 NEDDLES TRAIL  
City-St-Zip: LONGWOOD, FL 32779

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

Title: D ( ) Delete  
Name: DIEBLER, DOUGLAS  
Address: 909 DARTMOUTH ST  
City-St-Zip: ORLANDO, FL 32804

Title: TD ( ) Delete  
Name: RODRIGUEZ, ANDREW  
Address: 4502 KATY DR  
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: D ( ) Delete  
Name: KOFFEMAN, JENNY  
Address: 4401 SEA MIST DR  
City-St-Zip: NEW SMYRNA BEACH, FL 32169

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

Title: SD (X) Change ( ) Addition  
Name: KOFFEMAN, JENNY  
Address: 4401 SEA MIST DR #102  
City-St-Zip: NEW SMYRNA BEACH, FL 32169

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

03/19/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date