

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 03, 2004 8:00 am
Secretary of State

08-03-2004 90005 036 ****61.25

DOCUMENT # 766716

1. Entity Name
SEABURY POINT PROPERTY OWNER'S ASSOCIATION, INC.



Principal Place of Business
**1690 SEABURY POINT RD. NW
PALM BAY, FL 32907 US**

Mailing Address
**1690 SEABURY POINT RD. NW
1637 SEABURY POINT ROAD, N.W.
PALM BAY, FL 32907 US**

54066465



2. Principal Place of Business
1634 SEABURY POINT RD. NW

3. Mailing Address
1634 SEABURY POINT RD. NW

Suite, Apt. #, etc.

Suite, Apt. #, etc.

06302004 Chg-NP CR2E037 (10/03)

City & State
PALM BAY, FL

City & State
PALM BAY, FL

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

Zip
32907

Country
USA

Zip
32907

Country
USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**APSEY, ROBERT
1690 SEABURY POINT RD. NW
PALM BAY, FL 32907**

7. Name and Address of New Registered Agent

Name
STIVER, JAMES

Street Address (P.O. Box Number is Not Acceptable)

1634 SEABURY POINT RD. NW

City
PALM BAY

FL

Zip Code
32907

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.

SIGNATURE

James A. Stiver

James A. Stiver

7/20/04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
APSEY, ROB
1690 SEABURY POINT RD. NW
PALM BAY, FL 32907** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPD
KARNER, CEM
1690 SEABURY PT. RD. N.W.
PALM BAY, FL 32907** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
STIVER, JIM
1690 SEABURY PT. RD. N.W.
PALM BAY, FL 32907** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
SOLID, KELLY
1676 SEABURY POINT RD. NW
PALM BAY, FL 32907** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
STIVER, JIM
1634 SEABURY POINT RD. NW
PALM BAY, FL 32907** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
VOELKEL, SUSAN
1651 SEABURY PT. RD. N.W.
PALM BAY, FL 32907** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE:

James A. Stiver

James A. Stiver

7/20/04

321-729-7359

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #