


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 02, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # 766716 1. Entity Name SEABURY POINT PROPERTY OWNER'S ASSOCIATION, INC.	
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Principal Place of Business 1634 SEABURY PT RD NW PALM BAY, FL 32907 US	Mailing Address 1634 SEABURY PT RD NW PALM BAY, FL 32907 US
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01042005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STIVER, JAMES  
1634 SEABURY POINT RD. NW  
PALM BAY, FL 32907

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating)

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution.  **\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STIVER, JIM 1634 SEABURY PT RD NW PALM BAY, FL 32907
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD KARNER, CEM 1690 SEABURY PT. RD. N.W. PALM BAY, FL 32907
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD VOELKEL, SUSAN 1651 SEABURY PR RD NW PALM BAY, FL 32907
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SOLID, KELLY 1676 SEABURY POINT RD. NW PALM BAY, FL 32907
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000285628  
04/02/05-80054-005 61.25

**DO NOT WRITE  
IN THIS SPACE**

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 1/8/04 321 729 7359  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #