

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

FILED

**Mar 03, 2005 08:00 AM
Secretary of State**

DOCUMENT # 766978

1. Entity Name
SEA SHADOW HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business
**3553 LAGUNA COURT
GULF BREEZE, FL 32563 US**

Mailing Address
**3571 LAGUNA CT.
GULF BREEZE, FL 32563 US**



02282005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2821093

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ARNOTT, DAVE
3555 LAGUNA CT
GULF BREEZE, FL 32561**

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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

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 May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ARNOTT, DAVE
STREET ADDRESS	3555 LAGUNA COURT
CITY-ST-ZIP	GULF BREEZE, FL 32563
TITLE	VP
NAME	CAMAGERE, BURT
STREET ADDRESS	3557 LAGUNA CT.
CITY-ST-ZIP	GULF BREEZE, FL 32563
TITLE	SD
NAME	FIFER, MELODY
STREET ADDRESS	3575 LAGUNA CT
CITY-ST-ZIP	GULF BREEZE, FL 32563
TITLE	TD
NAME	COOPER, ANITA
STREET ADDRESS	3571 LAGUNA CT.
CITY-ST-ZIP	GULF BREEZE, FL 32563
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000250368
03/04/05-80008-006 61.25

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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)(f), 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:

Anita Cooper
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-01-2005 850505.5489
Date Daytime Phone #