

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # 767677

1. Entity Name
SEAQUEST CONDOMINIUM ASSOCIATION OF
JACKSONVILLE BEACH, INC.



FILED

07 AUG -9 PM 1:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
1701 N. 1ST ST. #B15
JACKSONVILLE BEACH, FL 32250

Mailing Address
1701 N. 1ST ST. #B15
JACKSONVILLE BEACH, FL 32250

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

08012007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-2466398

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DALSGAARD, PETER
1701 N. FIRST STREET, #B15
JACKSONVILLE BEACH, FL 32250

7. Name and Address of New Registered Agent

Name D. RANDALL BRILEY, ESQ.

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

BARTLETT, DEAL & BRILEY, P.A.

135 PROFESSIONAL DRIVE, SUITE 101

City PONTE VEDRA BEACH

FL

Zip Code 32082

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

D. Randall Briley

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

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 PD
NAME DALSGAARD, PETER ☒ Delete
STREET ADDRESS 1701 N 1ST ST #7A
CITY-ST-ZIP JACKSONVILLE, FL 32250

TITLE VD
NAME BURNETT, MICHAEL ☐ Delete
STREET ADDRESS 1701 N 1ST ST #A6
CITY-ST-ZIP JACKSONVILLE BEACH, FL 32250

TITLE D
NAME PAPHIDES, SANDRA ☐ Delete
STREET ADDRESS 1701 N 1ST ST #B5
CITY-ST-ZIP JACKSONVILLE, FL 32250

TITLE D
NAME AQUINO, JEFF A ☐ Delete
STREET ADDRESS 1701 N 1ST ST #B9
CITY-ST-ZIP JACKSONVILLE, FL 32250

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 19, 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 or without other like empowered.

SIGNATURE:

Peter Dalsgaard

PETER DALSGAARD

AUGUST 3 2007 (904)247-9352

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #