

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2008 8:00 am
Secretary of State

03-05-2008 90023 009 ****61.25

DOCUMENT # 767677

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



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

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

40038418



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

753 Atlantic Blvd.

Suite, Apt. #, etc.
Suite 1

City & State
Atlantic Beach

Zip
32233

Country
USA

3. Mailing Address

P.O. Box 330026

Suite, Apt. #, etc.

City & State
Atlantic Beach

Zip
32233

Country
USA

02122008

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

**BRILEY, D. RANDALL ESQ
BARTLETT, DEAL & BRILEY, P.A.
135 PROFESSIONAL DRIVE, STE 101
PONTE VEDRA BEACH, FL 32082**

7. Name and Address of New Registered Agent

Name
Marvin i Floyd Realty, Inc.

Street Address (P.O. Box Number is Not Acceptable)
753 Atlantic Blvd Suite 1

City
Atlantic Beach FL Zip Code
32233

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] **Karen Floyd**

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

(NOTE: Registered Agent signature required when reinstating)

2-21-08

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

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
**D
AQUINO, JEFF A
1701 N 1ST ST #B9
JACKSONVILLE, FL 32250** ☒ Delete

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ 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
Sliwinski, David
1641 Linkside Dr. N.
Atlantic Beach, FL 32233** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPD
Paphides, Sandra
334 9th Street
Atlantic Beach, FL 32233** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**STD
Godwin, Mary
1980 Tara Court
Neptune Beach, FL 32266** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
Burnett, Michael
1701 N 1st St. #A6
Jacksonville Beach, FL 32250** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
Sahs, Duane
1213 Bauer Road
Naperville, IL 60563** ☐ 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 exemptions contained 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 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

28 FEB 2008

Date

(904) 249-8000

Daytime Phone #