

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2008 8:00 am
Secretary of State

01-24-2008 90032 009 ****70.00

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1. Entity Name
**ENGLEWOOD SEACREST CONDOMINIUM
ASSOCIATION, INC.**



Principal Place of Business
**7925 ROYAL QUEENSLAND WAY
BRADENTON, FL 34202**

Mailing Address
**7925 ROYAL QUEENSLAND WAY
BRADENTON, FL 34202**

2. Principal Place of Business - No P.O. Box #
2710 North Beach Rd

3. Mailing Address
2710 North Beach Rd

Suite, Apt. #, etc.
#2

Suite, Apt. #, etc.
#2

01042008 Chg-NP CR2E037 (12/06)

City & State
Englewood FL

City & State
Englewood FL

4. FEI Number
59-2407846

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**MONACO-ROBINS, LYNN
2521 CONSTITUTION BLVD.
SARASOTA, FL 34231**

7. Name and Address of New Registered Agent

Name **DALY, PAUL**
Street Address (P.O. Box Number is Not Acceptable)

2710 North Beach Rd #3
City **Englewood FL** Zip Code **34223**

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, 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 **PD** ☐ Delete
NAME **CARTER, FRED**
STREET ADDRESS **2710 N. BEACH RD., #2**
CITY-ST-ZIP **ENGLEWOOD, FL 34223**

TITLE **SD** ☒ Delete
NAME **MONACO-ROBINS, LYNN**
STREET ADDRESS **2521 CONSTITUTION BLVD.**
CITY-ST-ZIP **SARASOTA, FL 34231**

TITLE **T** ☒ Delete
NAME **CULP, JOANNE**
STREET ADDRESS **7925 ROYAL QUEENSLAND WAY**
CITY-ST-ZIP **BRADENTON, FL 34202**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 **V-P D** ☒ Change ☐ Addition
NAME **CARTER, FRED**
STREET ADDRESS **2710 North Beach Rd #2**
CITY-ST-ZIP **Englewood FL 34223**

TITLE **PD** ☐ Change ☒ Addition
NAME **DALY, PAUL**
STREET ADDRESS **2710 North Beach Rd #3**
CITY-ST-ZIP **Englewood FL 34223**

TITLE **T** ☐ Change ☒ Addition
NAME **CARTER, DOLORES**
STREET ADDRESS **2710 North Beach Rd #2**
CITY-ST-ZIP **Englewood FL 34223**

TITLE **S** ☐ Change ☒ Addition
NAME **SIMPSON, OLWYN**
STREET ADDRESS **2710 North Beach Rd #3**
CITY-ST-ZIP **Englewood FL 34223**

TITLE **D** ☐ Change ☒ Addition
NAME **MAGGITT, PATRICIA**
STREET ADDRESS **2400 BALLYBUNION RD**
CITY-ST-ZIP **Center Valley Pa. 18034**

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 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:

Paul Daly

Jan. 17, 2008

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #