


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 01, 2005 8:00 am**  
**Secretary of State**

04-01-2005 90007 013 \*\*\*150.00

<b>DOCUMENT # J00243</b>					
1. Entity Name <b>SEA HORSE PARK HOMEOWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>8424 BAY PINES BLVD OFFICE ST PETERSBURG FL 33709</b>			Mailing Address <b>8424 BAY PINES BLVD OFFICE ST PETERSBURG FL 33709</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>59-2641446</b>	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>DAMONTE, JONATHAN JAMES 12110 SEMINOLE BLVD LARGO FL 33778</b>			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>					
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>					
10. OFFICERS AND DIRECTORS					
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OUELLETTE, GREGORY		NAME	Ron Kunz	
STREET ADDRESS	4284 85TH LN N		STREET ADDRESS	8703 44th Ave N St. Petersburg, FL	33709
CITY-ST-ZIP	SAINT PETERSBURG FL 33709		CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALKER, GAIL		NAME	Murray Cooper	
STREET ADDRESS	8842 44TH AVE. N.		STREET ADDRESS	8685 44th Ave N St. Petersburg, FL	33709
CITY-ST-ZIP	SAINT PETERSBURG FL 33709		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	O'CONNOR, HAROLD		NAME	Robert Daly	33709
STREET ADDRESS	8832 44TH AVE N		STREET ADDRESS	8708 43rd Ave N St. Petersburg, FL	
CITY-ST-ZIP	SAINT PETERSBURG FL 33709		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONLAN, WILLIAM		NAME	David Collins	
STREET ADDRESS	8733 43RD AVE. NORTH		STREET ADDRESS	8640 42nd Pl N St. Petersburg, FL	33709
CITY-ST-ZIP	SAINT PETERSBURG FL 33709		CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLLINS, DAVID		NAME	Rachael Cote	
STREET ADDRESS	8640 42ND PL N		STREET ADDRESS	8803 44th Ave N St. Petersburg, FL	33709
CITY-ST-ZIP	SAINT PETERSBURG FL 33709		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KUNZ, RONALD		NAME	Madelyn Cheney	
STREET ADDRESS	8703 44TH AVE N.		STREET ADDRESS	8772 43rd Ave N St. Petersburg	FL 33709
CITY-ST-ZIP	SAINT PETERSBURG FL 33709		CITY-ST-ZIP		

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 607, 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]* - President *March 21/05* 727-347-0625  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



**ATTACHMENT  
SEAHORSE PARK  
HOMEOWNER'S ASSOCIATION, INC.**

8424 BAY PINES BLVD.  
Phone # 727-347-0625

ST. PETERSBURG, FL 33709  
Fax # 727-302-0805

40043988  
# J00243

Florida Dept. of State  
Division of Corporations  
Annual Report Section  
P.O. Box 6850  
Tallahassee, FL 32314

To whom it may concern:

Attached is a complete list of 2005 – 2006 Officers and Directors for the Seahorse Park Homeowners Association, Inc.

1. Murray Cooper – President 8685 44<sup>th</sup> Ave N. St. Petersburg, FL 33709
2. Ron Kunz – Vice President 8703 44<sup>th</sup> Ave N. St. Petersburg, FL 33709
3. Harold O'Connor – Treasurer 8832 44<sup>th</sup> Ave N. St. Petersburg, FL 33709
4. David Collins – Director 8640 42<sup>nd</sup> Pl N. St. Petersburg, FL 33709
5. Rachael Cote – Secretary 8803 44<sup>th</sup> Ave N. St. Petersburg, FL 33709
6. Madelyn Cheney – Director 8772 43<sup>rd</sup> Ave N. St. Petersburg, FL 33709
7. Robert Daly – Director 8708 43<sup>rd</sup> Ave N. St. Petersburg, FL 33709