


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 23, 2008 8:00 am
Secretary of State

04-23-2008 90035 038 ***150.00

DOCUMENT # J00243	
1. Entity Name SEA HORSE PARK HOMEOWNERS ASSOCIATION, INC.	

Principal Place of Business 8424 BAY PINES BLVD OFFICE ST PETERSBURG FL 33709	Mailing Address 8424 BAY PINES BLVD OFFICE ST PETERSBURG FL 33709
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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

1st MOORE CR2E034 (10/07)

4. FEI Number 59-2641446		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent DAMONTE, JONATHAN JAMES 12110 SEMINOLE BLVD LARGO FL 33778		7. Name and Address of New Registered Agent 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 consolidating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DALY, ROBERT E		NAME		
STREET ADDRESS	8708 43RD AVE NORTH		STREET ADDRESS		
CITY-ST-ZIP	SAINT PETERSBURG FL 33709		CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHENEY, MADELYN J		NAME		
STREET ADDRESS	8772 43RD AVE NORTH		STREET ADDRESS		
CITY-ST-ZIP	SAINT PETERSBURG FL 33709		CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'CONNOR, HENRY		NAME		
STREET ADDRESS	8832 44TH AVE NORTH		STREET ADDRESS		
CITY-ST-ZIP	SAINT PETERSBURG FL 33709		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLLINS, DAVID		NAME		
STREET ADDRESS	8640 42ND PL N		STREET ADDRESS		
CITY-ST-ZIP	SAINT PETERSBURG FL 33709		CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COTE, RACHAEL		NAME		
STREET ADDRESS	8803 44TH AVE N		STREET ADDRESS		
CITY-ST-ZIP	SAINT PETERSBURG FL 33709		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 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: Thomas P. Burt **TREASURER**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-08

Date Daytime Phone #

J00243

[illegible]