

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90266 027 ****61.25

DOCUMENT # N00000001340					
1. Entity Name SEACREST CONDOMINIUM OWNER'S ASSOCIATION, INC.					
Principal Place of Business 895 SANTA ROSA BLVD FORT WALTON BEACH, FL 32548			Mailing Address 895 SANTA ROSA BLVD FORT WALTON BEACH, FL 32548		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address P.O. Box 1539			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Fort Walton Beach, FL		4. FEI Number 59-3634190	
Zip	Country	Zip 32549	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GOURLEY, WARREN N 50 BEAL PARKWAY SW, SUITE 2 FORT WALTON BEACH, FL 32548				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE D NAME TRUS, SARA STREET ADDRESS P.O. BOX 9 CITY-ST-ZIP SHALIMAR, FL 32579	<input type="checkbox"/> Delete Change →		TITLE D NAME Tras, Sara STREET ADDRESS P.O. Box 9 CITY-ST-ZIP Shalimar, FL 32579	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME CLEMENT, BETTY STREET ADDRESS 811 BNAWOOD LANE CITY-ST-ZIP MARION, IN 46952	<input type="checkbox"/> Delete Change →		TITLE D NAME Clement, Betty STREET ADDRESS 811 Briarwood Lane CITY-ST-ZIP Marion, IN 46952	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE PD NAME STEPHENS, KENNETH STREET ADDRESS 7132 TIMBERMILL DR. CITY-ST-ZIP MONTGOMERY, AL 36117	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE TD NAME YOUNG, MORRIS STREET ADDRESS 103 RED MAPLE WAY CITY-ST-ZIP NICEVILLE, FL 32578	<input checked="" type="checkbox"/> Delete		TITLE TD NAME Roll, Nancy STREET ADDRESS 1507 Gilmer Avenue CITY-ST-ZIP Montgomery, AL 36104	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE D NAME Garfield, David STREET ADDRESS 8809 Summit Point Court CITY-ST-ZIP Fort Worth, TX 76179	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>Sara Tras</i>			4/10/07 (850)243-1313 <small>Date Daytime Phone #</small>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					