2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004551

FILED Apr 25, 2005 Secretary of State

Entity Name: SEA VIEW VILLAS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

6015 MORROW ST E, SUITE 107 JACKSONVILLE, FL 32217

Current Mailing Address: New Mailing Address:

6015 MORROW ST E, SUITE 107 JACKSONVILLE, FL 32217

FEI Number: 59-1957418 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SULLIVAN, SCOTT

6015 MORROW ST E, SUITE 107

JACKSONVILLE, FL 32217 US

BANNING MANAGEMENT INC
6015 MORROW ST E, SUITE 107

JACKSONVILLE, FL 32217 US

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.

SIGNATURE: BANNING MANAGEMENT INC 04/25/2005

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP () Delete Title: () Change () Addition

 Name:
 LAWSON, CINDY
 Name:

 Address:
 1023 N 16TH AVE
 Address:

 City-St-Zip:
 JACKSONVILLE, FL 32250
 City-St-Zip:

Title: DV () Delete Title: () Change () Addition

 Name:
 BONNETT, JEROME
 Name:

 Address:
 1795 A 1ST ST S
 Address:

 City-St-Zip:
 JACKSONVILLE BEACH, FL 32250
 City-St-Zip:

Title: STD () Delete Title: STD (X) Change () Addition

Name:SMITH, WANDAName:CLARK, MACKAddress:811 S 1ST STREET # 10Address:1685 SELVA MARINACity-St-Zip:JACKSONVILLE BEACH, FL 32250City-St-Zip:ATLANTIC BEACH, FL 32233

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CINDY LAWSON PD 04/25/2005