

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004551

FILED  
Apr 24, 2007  
Secretary of State

**Entity Name:** SEA VIEW VILLAS CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

6015 MORROW ST E, SUITE 107  
JACKSONVILLE, FL 32217

**New Principal Place of Business:**

**Current Mailing Address:**

6015 MORROW ST E, SUITE 107  
JACKSONVILLE, FL 32217

**New Mailing Address:**

**FEI Number:** 59-1957418

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BANNING MANAGEMENT INC  
6015 MORROW ST E, SUITE 107  
JACKSONVILLE, FL 32217 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: LAWSON, CINDY  
Address: 1023 N 16TH AVE  
City-St-Zip: JACKSONVILLE, FL 32250

Title: DV ( ) Delete  
Name: BONNETT, JEROME  
Address: 1795 A 1ST ST S  
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: STD ( ) Delete  
Name: CLARK, MACK  
Address: 1685 SELVA MARINA  
City-St-Zip: ATLANTIC BEACH, FL 32233

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: LAWSON, CINDY  
Address: 1023 N 16TH AVE  
City-St-Zip: JACKSONVILLE, FL 32250

Title: VD (X) Change ( ) Addition  
Name: BONNETT, JEROME  
Address: 1795 A 1ST ST S  
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: LAWSON

PD

04/24/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date