

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000004551

**FILED**  
**Feb 17, 2010**  
**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:** PD  
**Name:** LAWSON, CINDY  
**Address:** 1023 N 16TH AVE  
**City-St-Zip:** JACKSONVILLE, FL 32250

**Title:** VD  
**Name:** BONNETT, JEROME  
**Address:** 1795 A 1ST ST S  
**City-St-Zip:** JACKSONVILLE BEACH, FL 32250

**Title:** STD  
**Name:** EVANS, MACK  
**Address:** 811 SOUTH FIRST STREET  
**City-St-Zip:** JACKSONVILLE BEACH, FL 32250

I hereby 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 all other like empowered.

**SIGNATURE:** CINDY LAWSON

PD

02/17/2010

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

\_\_\_\_\_  
Date