

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01310

FILED
Mar 19, 2007
Secretary of State

Entity Name: SEA MIST VILLAS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2180 W SR 434
SUITE 5000
LONGWOOD, FL 32779 US

New Principal Place of Business:

Current Mailing Address:

2180 W SR 434
SUITE 5000
LONGWOOD, FL 32779 US

New Mailing Address:

FEI Number: 59-2445519

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART, JR, JAMES W.
SENTRY MANAGEMENT, INC.
2180 W. SR 434, SUITE 5000
LONGWOOD, FL 32779 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: VPD () Delete
Name: LIES, MARTIN
Address: 4320 SEA MIST DR.
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: PD () Delete
Name: DELNICK, DONALD
Address: 4289 SEA MIST DR.
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: TD () Delete
Name: DELNICK, DONALD
Address: 4289 SEA MIST DR.
City-St-Zip: NEW SMYRNA BCH, FL 32169

Title: SD () Delete
Name: SKINNER, DON
Address: 4324 SEA MIST DR.
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: D () Delete
Name: PARKINSON, DONALD
Address: 4223 GULL COVE
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: D () Delete
Name: KEENAN, PATRICIA
Address: 4257 SEA MIST DR
City-St-Zip: NEW SMYRNA BEACH, FL 32169

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

Title: D (X) Change () Addition
Name: PARKINSON, DONALD
Address: 4245 SEA MIST DR
City-St-Zip: NEW SMYRNA BEACH, FL 32169

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

I hereby certify that the information supplied with this filing does not qualify for the 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: DONALD DELNICK

PD

03/19/2007

Electronic Signature of Signing Officer or Director

Date