
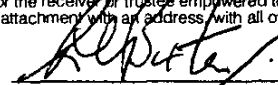
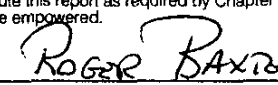


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 04, 2008 8:00 am**  
**Secretary of State**

02-04-2008 90056 035 \*\*\*\*61.25

<b>DOCUMENT # N02000000965</b> 1. Entity Name <b>SEA ISLAND CONDOMINIUM I ASSOCIATION, INC.</b>					
Principal Place of Business <b>C/O ROBERT L TANKEL, ESQ.</b> <b>1022 MAIN ST, SUITE D</b> <b>DUNEDIN, FL 34698</b>			Mailing Address <b>C/O ROBERT L TANKEL, ESQ.</b> <b>1022 MAIN ST, SUITE D</b> <b>DUNEDIN, FL 34698</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-1689715</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>TANKEL, ROBERT L</b> <b>1022 MAIN ST, SUITE D</b> <b>DUNEDIN, FL 34698</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD BAXTER, ROGER <input type="checkbox"/> Delete 400 LARBOARD WAY #104 CLEARWATER BEACH, FL 33767				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MANSOUR, MAGDY <input type="checkbox"/> Delete 400 LARBOARD WAY SUITE 106 CLEARWATER BEACH, FL 33767				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD CLINE, AUSTIN <input type="checkbox"/> Delete 400 LARBOARD WAY #204 204 CLEARWATER BEACH, FL 33767				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD WINK, JOSEPH T <input type="checkbox"/> Delete 400 LARBOARD WAY #105 CLEARWATER BEACH, FL 33767				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D EVANS, AICY <input type="checkbox"/> Delete 400 LARBOARD WAY #108 CLEARWATER BEACH, FL 33767				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>					
TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY - ST - ZIP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition VD CLINE AUSTIN 400 LARBOARD WAY #204 CLEARWATER BEACH, FL 33767					
TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition					
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.					
<b>SIGNATURE:</b>   <span style="float: right;">2/5/08 727-446-1268</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					