

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90053 008 ****70.00

DOCUMENT # N03000001821 1. Entity Name SEAMARK CONDOMINIUM ASSOCIATION OF NORTH PALM BEACH, INC.					
Principal Place of Business 17781 SE FEDERAL HWY TEQUESTA, FL 33469			Mailing Address 17781 SE FEDERAL HWY TEQUESTA, FL 33469		
2. Principal Place of Business 370 Golfview Road Suite, Apt. #, etc. office City & State North Palm Beach, FL Zip 33408 - Country USA		3. Mailing Address 370 Golfview Road Suite, Apt. #, etc. office City & State North Palm Beach, FL Zip 33408 - Country USA			
4. FEI Number 13-4239125			Applied For Not Applicable		
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required			04102005 Chg-NP CR2E037 (10/03)		
6. Name and Address of Current Registered Agent RYAN, MICHAEL J 17781 SE FEDERAL HWY TEQUESTA, FL 33469			7. Name and Address of New Registered Agent Name <u>Bernard Kennedy</u> Street Address (P.O. Box Number is Not Acceptable) <u>370 Golfview Road</u> <u>#704</u> City <u>North Palm Beach</u> FL Zip Code <u>33408</u>		
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 <u>[Signature]</u> DATE <u>4-11-05</u> (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning.)					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT RYAN, MICHAEL J 17781 SE FEDERAL HWY TEQUESTA, FL 33469	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Bernard Kennedy 370 Golfview Rd. #704 NPB FL 33408	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS AGAR, RICHARD J 3040 LAKE SHORE DR APT PH5 RIVIERA BCH, FL 33404	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D Joan Carroll 370 Golfview Rd. #403 NPB FL 33408	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GLEASON, M.A. 5975 WHIRLAWAY RD PALM BCH GARDENS, FL 334187740	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D James Grouper 370 Golfview Rd #303 NPB FL 33408	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D Lila Ryan 370 Golfview Rd. #104 NPB FL 33408	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Janet Lockwood 33 Annetta Rd Ashland MA 01721	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify 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 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.					
SIGNATURE: <u>[Signature]</u> <u>BERNARD T. Kennedy</u> <u>4-11-05</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

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