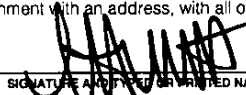


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 19, 2007 8:00 am**  
**Secretary of State**

03-19-2007 90077 044 \*\*\*\*61.25

<b>DOCUMENT # N03000005191</b> 1. Entity Name <b>SEACREST OF VILANO ASSOCIATION, INC.</b>					
Principal Place of Business <b>140 B. NORTH ONE DRIVE ST. AUGUSTINE, FL 32084</b>			Mailing Address <b>140 B. NORTH ONE DRIVE ST. AUGUSTINE, FL 32084</b>		
2. Principal Place of Business - No P.O. Box # <b>C/O MAY MANAGEMENT</b>		3. Mailing Address <b>C/O MAY MANAGEMENT</b>			
Suite, Apt. #, etc. <b>5455 A1A S.</b>		Suite, Apt. #, etc. <b>5455 A1A S.</b>			
City & State <b>ST. AUGUSTINE, FL</b>		City & State <b>ST. AUGUSTINE, FL</b>			
Zip <b>32080</b>	Country <b>ST Johns</b>	Zip <b>32080</b>	Country <b>ST Johns</b>	4. FEI Number <b>20-0842361</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>O'NEIL, CYNTHIA C/O MAY MANAGEMENT 5455 US HWY A1A SOUTH SAINT AUGUSTINE, FL 32080</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"><b>FL</b> Zip Code</div>		
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 Due by May 1, 2007</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>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MILLER, SCOTT P.O. BOX 24121 JACKSONVILLE, FL 32241	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BLACKMAN, ELEANOR 3161 RIVER ROAD N FERNANDINA BEACH, FL 32034	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST CUTHRELL, ELEANOR 111 POSEIDON LN PONTE VEDRA BEACH, FL 32082	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Delete			
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>  <b>3/14/07</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					