




2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 03, 2007 8:00 am
Secretary of State

04-03-2007 90006 024 ****61.25

DOCUMENT # N03000005279 1. Entity Name SEA WALK OWNERS ASSOCIATION, INC.					
Principal Place of Business 95002 SEAWALK CT AMELIA ISLAND, FL 32034				Mailing Address 95002 SEAWALK CT AMELIA ISLAND, FL 32034	
2. Principal Place of Business - No P.O. Box # 95011 SEAWALK CT		3. Mailing Address 95011 SEAWALK CT			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State AMELIA ISLAND FL		City & State AMELIA ISLAND FL			
Zip 32034		Country USA		4. FEI Number 90-0211447	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent MELNICK, LAWRENCE 95036 SEAWALK CT AMELIA ISLAND, FL 32034				7. Name and Address of New Registered Agent Name DONALD MCCARRON Street Address (P.O. Box Number is Not Applicable) 95048 SEAWALK CT City AMELIA ISLAND FL Zip Code 32034	
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 				DATE 3/30/07	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)				DATE	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	P MELNICK, LAWRENCE 95036 SEAWALK CT AMELIA ISLAND, FL 32034	<input checked="" type="checkbox"/> Delete	TITLE PRES NAME STREET ADDRESS CITY-ST-ZIP	MCCARRON, DONALD 95048 SEAWALK CT AMELIA ISLAND FL 32034	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MCCARRON, DONALD 95048 SEAWALK CT AMELIA ISLAND, FL 32034	<input checked="" type="checkbox"/> Delete	TITLE VICE PRES NAME STREET ADDRESS CITY-ST-ZIP	LAURA MULLER 95068 SEAWALK CT AMELIA ISLAND FL 32034	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T BRENDLE, KENNETH 95002 SEAWALK CT AMELIA ISLAND, FL 32034	<input checked="" type="checkbox"/> Delete	TITLE SEC/TREASURER NAME STREET ADDRESS CITY-ST-ZIP	TOM GIBSON 95011 SEAWALK CT AMELIA ISLAND FL 32034	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		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"/> Delete		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"/> Delete		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.

SIGNATURE:

 **30MAR07 904277 8943**
DONALD MCCARRON