
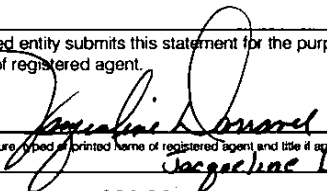
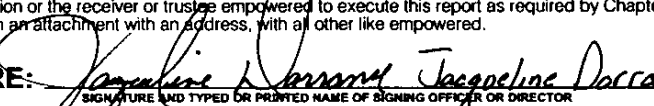


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2008 8:00 am
Secretary of State

03-10-2008 90069 039 ****61.25

DOCUMENT # N03000005279 1. Entity Name SEA WALK OWNERS ASSOCIATION, INC.					
Principal Place of Business 95011 SEAWALK CT AMELIA ISLAND, FL 32034			Mailing Address 95011 SEAWALK CT AMELIA ISLAND, FL 32034		
2. Principal Place of Business - No P.O. Box # 95001 SEAWALK CT		3. Mailing Address 95001 SEAWALK CT.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State AMELIA ISLAND, FL		City & State AMELIA ISLAND, FL		4. FEI Number 90-0211447	
Zip 32034		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MCCARRON, DONALD 95048 SEAWALK CT AMELIA ISLAND, FL 32034			7. Name and Address of New Registered Agent Name Jacqueline DORRANCE Street Address (P.O. Box Number is Not Acceptable) 95001 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:  Jacqueline Dorrance (NOTE: Registered Agent signature required when reinstating) 3/2/08 DATE					
Filing Fee is \$61.25 Due by May 1, 2008		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	VP MULLER, LAURA 95068 SEAWALK CT AMELIA ISLAND, FL 32034	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CHURCHILL, FLORANCE 95058 SEAWALK CT. AMELIA ISLAND, FL 32034	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCCARRON, DONALD 95048 SEAWALK CT AMELIA ISLAND, FL 32034	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT GIBSON, SUSAN 95011 SEAWALK CT. AMELIA ISLAND, FL 32034	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T GIBSON, TOM 95011 SEAWALK CT AMELIA ISLAND, FL 32034	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY/TREASURER DORRANCE, JACQUELINE 95001 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:  Jacqueline Dorrance 3/2/08 Date 904) 261-0415 Daytime Phone #					