2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N03000006518

1. Entity Name
SEA CREST PROFESSIONAL BUILDING CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
13000 US HWY 1 SUITE 6 SEBASTIAN, FL 32958	13000 US HWY 1 SUITE 6 SEBASTIAN, FL 32958

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FILED
Jan 10, 2008 08:00 AI
Secretary of State

01072008 No Chg-NP   CR2E037 (4/06)

4. FEI Number	Applied For
54-2116621	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MAES, KIRK E MD
13000 US HWY 1
SUITE 6
SEBASTIAN, FL 32958

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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 _(Kirk E. Maes)_

Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)

DATE 1/8/08

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

U00000778784
01/11/08-80011-011 61.25

10. OFFICERS AND DIRECTORS

TITLE	O
NAME	MAES, KIRK E
STREET ADDRESS	13000 US HWY 1
CITY-ST-ZIP	SEBASTIAN, FL 32958

TITLE	O
NAME	SCHAEFFER, LOUIS
STREET ADDRESS	13000 US HWY 1
CITY-ST-ZIP	SEBASTIAN, FL 32958

TITLE	
NAME	
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NAME	
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CITY-ST-ZIP	

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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: _(Kirk E. Maes)_   1/8/08   772 581 5886

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #