

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90845 048 ****61.25

DOCUMENT # N03000006801 1. Entity Name SEA CREST HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 5100 W LEMON ST STE 306 TAMPA, FL 33609				Mailing Address 4131 GUNN HWY. TAMPA, FL 33618	
2. Principal Place of Business - No P.O. Box # 3434 Colwell Avenue Suite, Apt. #, etc. Suite 200		3. Mailing Address 3434 Colwell Avenue Suite, Apt. #, etc. Suite 200			
City & State Tampa, FL		City & State Tampa, FL		4. FEI Number 45-0535136	
Zip- 33614 Country USA		Zip 33614 Country USA		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MEZER, STEVEN 220 S. FRANKLIN ST TAMPA, FL 33572-3360				7. Name and Address of New Registered Agent Name Street Address (P O Box Number is Not Acceptable) City FL Zip Code	
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 _____ (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 ☐ \$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	PD KARPAY, BARRY 5100 W. LEMON STREET, #306 TAMPA, FL 33609	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD McDonough, Jim 5210 Golden Isles Dr Apollo Beach, FL 33572	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MESSINA, FRANK 5100 W. LEMON STREET, #306 TAMPA, FL 33609	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Allen Ezell 5515 Golden Isles Dr Apollo Beach, FL 33572	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HUDRLIK, DEBORA 5100 W. LEMON STREET, #306 TAMPA, FL 33609	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Renee Butz 222 Breakers Ln Apollo Beach, FL 33572	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Bill Griffin 5202 Golden Isles Dr Apollo Beach, FL 33572	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Jim Powell 204 Breakers Ln Apollo Beach, FL 33572	☐ 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 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: <i>James H. McDonough</i> James H. McDonough 4-10-07 813-383-6191 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					