



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90066 044 ****61.25

DOCUMENT # N03000008789					
1. Entity Name SECLUSION BAY OWNERS ASSOCIATION, INC.					
Principal Place of Business 2120 DREW STREET CLEARWATER, FL 33765			Mailing Address P.O. BOX 6417 CLEARWATER, FL 33758		
2. Principal Place of Business 5311 E. Co Hwy 30-A Suite, Apt. #, etc. <u>Suite 2-3</u> City & State <u>Santa Rosa Bch FL</u> Zip <u>32459</u> Country <u>US</u>		3. Mailing Address PO Box 4703 Suite, Apt. #, etc. City & State <u>Santa Rosa Bch FL</u> Zip <u>32459</u> Country <u>US</u>			
01282005 Chg-NP CR2E037 (10/03)				4. FEI Number 20-0354077	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent WATSON, FRANKLIN H 5365 E. CO. HWY. 30-A, SUITE 105 SEAGROVE, FL 32459			7. Name and Address of New Registered Agent Name <u>Walter R Pritchett</u> Street Address (P.O. Box Number is Not Acceptable) <u>Greater Gulf Coast Assoc Mgmt</u> <u>5311 E Co Hwy 30-A</u> City <u>Santa Rosa Bch</u> <u>FL</u> Zip Code <u>32459</u>		
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 <u>[Signature]</u> <u>WALTER R. PRITCHETT</u> <u>3/30/2005</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		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	DVP BROWNING, EDWARD E 992 SLEEPING ROCK COURT WINTER SPRINGS, FL 32708	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP Barniv, Charles 4520 N Bristol Court NICEVILLE FL 32578	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST FUNK, JOYCE A 2120 DREW STREET CLEARWATER, FL 33765	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP David Fleisher 276 Marwood Dr Birmingham AL 35244	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP FUNK, RICHARD B 2120 DREW STREET CLEARWATER, FL 33765	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	OST Henry De Varona 407 Evans Road NICEVILLE FL 32578	<input type="checkbox"/> Change <input checked="" 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 exemption stated in Section 119.07(3)(i), 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: <u>[Signature]</u> <u>4/4/05</u> <u>800-</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					