


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 28, 2008 8:00 am**  
**Secretary of State**

01-28-2008 90050 050 \*\*\*\*61.25

<b>DOCUMENT # N03422</b> 1. Entity Name <b>SEAWATCH OF VILANO CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>2960 COASTAL HWY N ST AUGUSTINE, FL 32095 US</b>			Mailing Address <b>PO BOX 60608 JACKSONVILLE, FL 32236 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01112008 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number <b>59-2420549</b>	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>WHITE, GARY 2960 COASTAL HWY N UNIT 8A ST. AUGUSTINE, FL 32095</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>	
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 _____					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
				<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCCARTHY, BILLY		NAME	JIM MCCARTHY	
STREET ADDRESS	3290 CHIMNEY PT DR		STREET ADDRESS	1228 SUVANNAH ROAD	
CITY-ST-ZIP	CUMMING, GA 30041		CITY-ST-ZIP	MONROE GA 30655	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CROWE, BILLY		NAME	GEORGE LITCH FIELD	
STREET ADDRESS	6075 W SHORES RD		STREET ADDRESS	471 OAK GROVE MANOR	
CITY-ST-ZIP	ORANGE PARK, FL 32065		CITY-ST-ZIP	MARIETTA GA 30060	
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TIERNEY, MICHAEL		NAME	ANTHONY LAYTON	
STREET ADDRESS	2507 LYNNHAVEN TERR		STREET ADDRESS	2960 COASTAL HIGHWAY #6A	
CITY-ST-ZIP	JACKSONVILLE, FL 32223		CITY-ST-ZIP	ST. AUGUSTINE FL 32084	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCARTHY, JANE		NAME		
STREET ADDRESS	3290 CHIMNEY PT DR		STREET ADDRESS		
CITY-ST-ZIP	CUMMING, GA 30041		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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.					
<b>SIGNATURE:</b> <i>Patricia Teems</i> <b>PATRICIA TEEMS</b>			1/24/08 904-388-6640		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		