

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Mar 12, 2007 08:00 AM  
Secretary of State**

**DOCUMENT # N04000000434**

**1. Entity Name  
SEA STAR CONDOMINIUM ASSOCIATION, INC.**



**Principal Place of Business  
19340 GULF BLVD.  
INDIAN SHORES, FL 33785**

**Mailing Address  
19340 GULF BLVD.  
INDIAN SHORES, FL 33785**



03082007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number  
87-0716839**

**Applied For  
Not Applicable**

**5. Certificate of Status Desired** ☐

**\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**BOYD, C. WILLIAM  
19340 GULF BLVD.  
# 201  
INDIAN SHORES, FL 33785**

**DO NOT WRITE  
IN THIS SPACE**

**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**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reissuing)

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**

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b>	<b>P</b>
<b>NAME</b>	<b>MENKE, ERADE</b>
<b>STREET ADDRESS</b>	<b>19340 GULF BLVD #601</b>
<b>CITY-ST-ZIP</b>	<b>INDIAN SHORES, FL 33785</b>
<b>TITLE</b>	<b>S</b>
<b>NAME</b>	<b>RICHTER, KATHY</b>
<b>STREET ADDRESS</b>	<b>19340 GOLF BLVD, # 501</b>
<b>CITY-ST-ZIP</b>	<b>LARGO, FL 33773</b>
<b>TITLE</b>	<b>T</b>
<b>NAME</b>	<b>BOYD, WILLIAM C</b>
<b>STREET ADDRESS</b>	<b>19340 GULF BLVD #201</b>
<b>CITY-ST-ZIP</b>	<b>INDIAN SHORES, FL 33785</b>
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

U00000663994  
03/22/07-80027-007 61.25

**DO NOT WRITE  
IN THIS SPACE**

**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:** *William C Boyd* **TRUSTEES**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-8-07**  
Date

**722-515-2118**  
Daytime Phone #