

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001107

FILED  
Jul 05, 2005  
Secretary of State

**Entity Name:** SEAMIST OF HOLMES BEACH CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

5500A MARINA DR  
HOLMES BCH, FL 34217

**New Principal Place of Business:**

401 SOUTH BAY BLVD  
ANNA MARIA, FL 34216

**Current Mailing Address:**

5500A MARINA DR  
HOLMES BCH, FL 34217

**New Mailing Address:**

401 SOUTH BAY BLVD.  
ANNA MARIA, FL 34216

**FEI Number:** 20-1135408      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

OBERHOFER, GREGORY E  
5500A MARINA DR  
HOLMES BCH, FL 34217      US

**Name and Address of New Registered Agent:**

BYRNE, ROBERT T  
401 SOUTH BAY BLVD  
ANNA MARIA, FL 34216      US

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.

SIGNATURE: ROBERT T BYRNE

07/05/2005

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DPS      ( ) Delete  
Name: OBERHOFER, GREGORY E  
Address: 5500A MARINA DR  
City-St-Zip: HOLMES BCH, FL 34217

Title: DVT      ( ) Delete  
Name: OBERHOFER, SHEILA  
Address: 5500A MARINA DR  
City-St-Zip: HOLMES BCH, FL 34217

Title: D      ( ) Delete  
Name: ALBERT, LARRY  
Address: 5500A MARINA DR  
City-St-Zip: HOLMES BCH, FL 34217

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DPS      (X) Change ( ) Addition  
Name: BYRNE, ROBERT T  
Address: 401 SOUTH BAY BLVD  
City-St-Zip: ANNA MARIA, FL 34216

Title: DVT      (X) Change ( ) Addition  
Name: BYRNE, ROBERT T  
Address: 401 SOUTH BAY BLVD  
City-St-Zip: ANNA MARIA, FL 34216

Title: D      (X) Change ( ) Addition  
Name: BYRNE, ROBERT T  
Address: 401 SOUTH BAY BLVD  
City-St-Zip: ANNA MARIA, FL 34216

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT T BYRNE

DPS

07/05/2005

Electronic Signature of Signing Officer or Director

Date