


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2005 8:00 am**  
**Secretary of State**

04-27-2005 90319 006 \*\*\*\*61.25

<b>DOCUMENT # N04000003804</b>					
<b>1. Entity Name</b> SEAGROVE NEIGHBORHOOD ASSOCIATION, INC.					
<b>Principal Place of Business</b> 432 OSCEOLA AVENUE JACKSONVILLE BEACH, FL 32250			<b>Mailing Address</b> 432 OSCEOLA AVENUE JACKSONVILLE BEACH, FL 32250		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
<b>6. Name and Address of Current Registered Agent</b>  MCGARVEY, JAMES N JR. 432 OSCEOLA AVENUE JACKSONVILLE BEACH, FL 32250				<b>7. Name and Address of New Registered Agent</b> Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ <b>FL</b> Zip Code _____	
<b>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.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>Make check payable to</b> <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE	PD			<input type="checkbox"/> Delete	
NAME	MCGARVEY, JAMES N JR.			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	432 OSCEOLA AVE.			STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE BEACH, FL 32250			CITY-ST-ZIP	
TITLE	TD			<input type="checkbox"/> Delete	
NAME	HERRING, DINAH K			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	432 OSCEOLA AVE.			STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE BEACH, FL 32250			CITY-ST-ZIP	
TITLE	SD			<input type="checkbox"/> Delete	
NAME	KELLEY, PATRICIA H			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	432 OSCEOLA AVE.			STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE BEACH, FL 32250			CITY-ST-ZIP	
TITLE				<input type="checkbox"/> Delete	
NAME				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE				<input type="checkbox"/> Delete	
NAME				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
<b>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.</b>					
<b>SIGNATURE:</b> <i>Patricia H. Kelley</i>				3/31/05      904-247-9160	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Patricia H. Kelley				Date      Daytime Phone #	