

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

FILED
Feb 28, 2007 8:00 am
Secretary of State

02-28-2007 90024 001 ***456.25

DOCUMENT # N04000008843

1. Entity Name
SEACREST OWNER'S ASSOCIATION, INC.



Principal Place of Business
**2201 FOURTH STREET NORTH
ST. PETERSBURG, FL 33704**

Mailing Address
**2201 FOURTH STREET NORTH
ST. PETERSBURG, FL 33704**

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01082007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
43-2077082

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**CHEEZEM, J. MICHAEL
2201 FOURTH STREET NORTH
SUITE 200
ST. PETERSBURG, FL 33704**

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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 reinstating)

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
COOPER, GAIL M
2201 FOURTH STREET NORTH, SUITE 200
ST. PETERSBURG, FL 33704**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VSD
BEAUMONT, SANDRA D
2201 FOURTH STREET NORTH, SUITE 200
ST. PETERSBURG, FL 33704**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**TD
ALLEN, ROBERT L
2201 FOURTH STREET NORTH, SUITE 200
ST. PETERSBURG, FL 33704**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/8/07 (727) 823-0022