

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 08, 2005 8:00 am
Secretary of State

07-08-2005 90025 018 ****61.25

DOCUMENT # N04122

1. Entity Name
SETON COURT ASSOCIATION, INC.



Principal Place of Business
**65 SETON TRAIL #2
ORMOND BEACH, FL 32176-6501**

Mailing Address
**65 SETON TRAIL #2
ORMOND BEACH, FL 32176-6501**

50055382



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

06302005

Chg-NP

CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-2786139

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BIDWELL, JOHN
65 SETON TRAIL #2
ORMOND BEACH, FL 32176-6501**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☒ Delete
NAME **MANITAS, GLORIA**
STREET ADDRESS **65 SETON TRAIL #2**
CITY-ST-ZIP **ORMOND BEACH, FL 321766501**

TITLE **D** ☒ Delete
NAME **MANITAS, JAYSON**
STREET ADDRESS **65 SETON TRAIL #2**
CITY-ST-ZIP **ORMOND BEACH, FL 321766501**

TITLE **ST** ☐ Delete
NAME **BIDWELL, JOHN**
STREET ADDRESS **65 SETON TRAIL #2**
CITY-ST-ZIP **ORMOND BEACH, FL 321766501**

TITLE **D** ☒ Delete
NAME **SMITH, JUDY**
STREET ADDRESS **65 SETON TRAIL #2**
CITY-ST-ZIP **ORMOND BEACH, FL 321766501**

TITLE **D** ☒ Delete
NAME **SNIDER, JOHN**
STREET ADDRESS **PO BOX 290729**
CITY-ST-ZIP **PORT ORANGE, FL 32179**

TITLE **D** ☒ Delete
NAME **FRATTIN, ANDY**
STREET ADDRESS **18 CAPISTRANO DR**
CITY-ST-ZIP **ORMOND BEACH, FL 32176**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **Pres** ☐ Change ☒ Addition
NAME **Joe Miller**
STREET ADDRESS **65 Seton TR #10**
CITY-ST-ZIP **ORMOND BEACH FL 32176**

TITLE **VP** ☐ Change ☒ Addition
NAME **BOB DAWSON**
STREET ADDRESS **65 Seton TR #20**
CITY-ST-ZIP **ORMOND BEACH FL 32176**

TITLE **D** ☐ Change ☒ Addition
NAME **DAN THORSON**
STREET ADDRESS **65 Seton TR #5**
CITY-ST-ZIP **ORMOND BEACH FL 32176**

TITLE **D** ☐ Change ☒ Addition
NAME **TOM COOK**
STREET ADDRESS **151 S HATFIELD AVE**
CITY-ST-ZIP **ORMOND BEACH FL 32176**

TITLE **D** ☐ Change ☒ Addition
NAME **BRADLEY E PHILIPS**
STREET ADDRESS **290 UNIVERSITY AVE SUITE 11**
CITY-ST-ZIP **MORGANTOWN WV 26505**

TITLE **D** ☐ Change ☒ Addition
NAME **RUTH BEYER**
STREET ADDRESS **65 Seton TR #12**
CITY-ST-ZIP **ORMOND BEACH FL 32176**

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.

SIGNATURE:

John Bidwell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/5/05
Date

386 673 8526
Daytime Phone #