

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

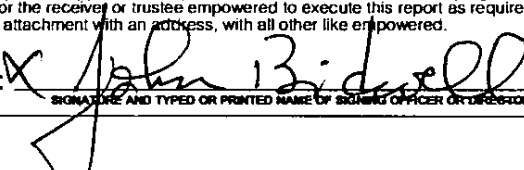
FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90069 015 ****70.00

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	
2. Principal Place of Business - No P.O. Box # 65 Seton Trail				3. Mailing Address 65 Seton Trail	
Suite, Apt. #, etc.				Suite, Apt. #, etc.	
City & State Ormond Beach, FL.		City & State Ormond Beach, FL.		4. FEI Number 59-2786139	
Zip 32176		Country US		5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BIDWELL, JOHN TREAS 65 SETON TRAIL #2 ORMOND BEACH, FL 32176-6501				7. Name and Address of New Registered Agent Name Webb, Deborah Street Address (P.O. Box Number is Not Acceptable) 65 Seton Trail City Ormond Beach FL Zip Code 32176	
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 Deborah Webb Deborah Webb 3-29-08 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering) DATE					
Filing Fee is \$61.25 Due by May 1, 2008		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	P	☐ Delete	TITLE	D	☒ Change ☐ Addition
NAME	MONAHAN, CHARLES		NAME	Monahan, Charles	
STREET ADDRESS	65 SETON TR, # 8		STREET ADDRESS	65 Seton Trail #7	
CITY-ST-ZIP	ORMOND BEACH, FL 32176		CITY-ST-ZIP	Ormond Beach, FL. 32176	
TITLE	T/S	☐ Delete	TITLE	D	☒ Change ☐ Addition
NAME	BIDWELL, JOHN		NAME	Bidwell, John	
STREET ADDRESS	65 SETON TRAIL #2		STREET ADDRESS	65 Seton Trail #2	
CITY-ST-ZIP	ORMOND BEACH, FL 321766501		CITY-ST-ZIP	Ormond Beach, FL. 32176	
TITLE	D	☒ Delete	TITLE	D	☐ Change ☐ Addition
NAME	MINER, JAMIE		NAME	Theisen, Daniel	
STREET ADDRESS	65 SETON TR #12		STREET ADDRESS	65 Seton Trail #5	
CITY-ST-ZIP	ORMOND BEACH, FL 32176		CITY-ST-ZIP	Ormond Beach, FL. 32176	
TITLE	D	☒ Delete	TITLE	T	☐ Change ☐ Addition
NAME	MANITSAS, GLORIA		NAME	Webb, Deborah	
STREET ADDRESS	65 SETON TRAIL #14		STREET ADDRESS	65 Seton Trail #21	
CITY-ST-ZIP	ORMOND BEACH, FL 32176		CITY-ST-ZIP	Ormond Beach, FL. 32176	
TITLE		☐ Delete	TITLE	V/S	☐ Change ☐ Addition
NAME			NAME	Kull, Allen	
STREET ADDRESS			STREET ADDRESS	65 Seton Trail #27	
CITY-ST-ZIP			CITY-ST-ZIP	Ormond Beach, FL. 32176	
TITLE		☐ Delete	TITLE	P	☐ Change ☐ Addition
NAME			NAME	Frattin, Andrew	
STREET ADDRESS			STREET ADDRESS	18CAPISTRANO DRIVE	
CITY-ST-ZIP			CITY-ST-ZIP	ORMOND BEACH, FL. 32176	
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] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			MARCH 29, 08 Date Daytime Phone #		

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ATTACHMENT

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Principal Place of Business 65 SETON TRAIL #2 ORMOND BEACH, FL 32176-6501				Mailing Address 85 SETON TRAIL #2 ORMOND BEACH, FL 32176-6501	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		Country	
4. FEI Number 59-2786139				Applied For Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BIDWELL, JOHN TREAS 65 SETON TRAIL #2 ORMOND BEACH, FL 32176-6501				7. Name and Address of New Registered Agent 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 re-registering)					
Filing Fee is \$61.25 Due by May 1, 2008		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	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete ☐	
NAME	MONAHAN, CHARLES	65 SETON TR, # 8	ORMOND BEACH, FL 32176	Delete ☐	
STREET ADDRESS	T/S	BIDWELL, JOHN	65 SETON TRAIL #2	Delete ☐	
CITY-ST-ZIP	NAME	MINER, JAMIE	65 SOTON TR #12	Delete ☐	
CITY-ST-ZIP	STREET ADDRESS	MANITSAS, GLORIA	65 SETON TRAIL #14	Delete ☐	
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	Delete ☐	
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	Delete ☐	
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	Delete ☐	
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change ☐ Addition ☒	
NAME	CO-Secretary	Fratin, Robin	18 CADISTRANO DR.	Change ☐ Addition ☐	
STREET ADDRESS	NAME	STREET ADDRESS	CITY-ST-ZIP	Change ☐ Addition ☐	
CITY-ST-ZIP	NAME	STREET ADDRESS	CITY-ST-ZIP	Change ☐ Addition ☐	
CITY-ST-ZIP	NAME	STREET ADDRESS	CITY-ST-ZIP	Change ☐ Addition ☐	
CITY-ST-ZIP	NAME	STREET ADDRESS	CITY-ST-ZIP	Change ☐ Addition ☐	
CITY-ST-ZIP	NAME	STREET ADDRESS	CITY-ST-ZIP	Change ☐ Addition ☐	
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: 4/1/08 Daytime Phone #					