2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 02, 2006
Secretary of State

DOCUMENT# N05000008026

Entity Name: SEBASTIAN INLAND HARBOR MASTER ASSOCIATION, INC.

Current Principal Place of Business:

1186 PONTE VEDRA BLVD.
PONTE VEDRA BEACH, FL 32082

New Principal Place of Business:

Current Mailing Address:

1186 PONTE VEDRA BLVD.
PONTE VEDRA BEACH, FL 32082

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **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:

MERRITT, MATTHEW H.
1186 PONTE VEDRA BLVD.
PONTE VEDRA BEACH, FL 32082 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	DP	( ) Delete
Name:	MERRITT, MATTHEW H. P-D	
Address:	1186 PONTE VEDRA BLVD.	
City-St-Zip:	PONTE VEDRA BEACH, FL 32082	
Title:	DVST	( ) Delete
Name:	NEWTON, RICHARD A. JR. P-F	
Address:	1186 PONTE VEDRA BLVD.	
City-St-Zip:	PONTE VEDRA BEACH, FL 32082	
Title:	D	( ) Delete
Name:	COX, CHARLES G. P-E	
Address:	157 KING ST.	
City-St-Zip:	ST. AUGUSTINE, FL 32084	
Title:	D	( ) Delete
Name:	ERVIN, RUSS P-A	
Address:	7800 BELFORT PARKWAY, STE 190	
City-St-Zip:	JACKSONVILLE, FL 32256	
Title:	D	( ) Delete
Name:	PODANY, DONNY P-A	
Address:	7800 BELFORT PARKWAY, STE. 190	
City-St-Zip:	JACKSONVILLE, FL 32256	
Title:	D	( ) Delete
Name:	MERRITT, CATHERINE P-B	
Address:	1189 PONTE VEDRA BLVD.	
City-St-Zip:	PONTE VEDRA BEACH, FL 32082	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: MATTHEW H. MERRITT DP 08/02/2006

Electronic Signature of Signing Officer or Director — Date