

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000010851

FILED
Mar 12, 2007
Secretary of State

Entity Name: SEAGROVE TOWN CENTER CONDOMINIUMS OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

4039 E. CO. HWY. 30-A
SANTA ROSA BEACH, FL 32459

New Principal Place of Business:

Current Mailing Address:

4039 E. CO. HWY. 30-A
SANTA ROSA BEACH, FL 32459

New Mailing Address:

FEI Number: 20-3793389

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WATSON, FRANKLIN H
5365 E. COUNTY HWY 30-A
SUITE 105
SEAGROVE BEACH, FL 32459 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: PD () Delete
Name: LAWSON, JULIE
Address: 4039 E. CO. HWY. 30-A
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: VD () Delete
Name: SMITH, WILLIAM H
Address: 4039 E. CO. HWY. 30-A
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: STD () Delete
Name: O'NEAL, ALAN M
Address: 4039 E. CO. HWY. 30-A
City-St-Zip: SANTA ROSA BEACH, FL 32459

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:

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: JULIE LAWSON

PD

03/12/2007

Electronic Signature of Signing Officer or Director

Date