

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 21, 2005 8:00 am
Secretary of State

02-21-2005 90087 003 ****61.25

DOCUMENT # N05395

1. Entity Name

SEA GULL LANDING HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

81 JANA DRIVE
PONCE INLET FL 32127

Mailing Address

81 JANA DRIVE
PONCE INLET FL 32127

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

06-1230960

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

MCGUIRE, THOMAS P
24 JANA DRIVE
PONCE INLET FL 32127

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 reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 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	PD	<input type="checkbox"/> Delete
NAME	MCGUIRE, THOMAS	
STREET ADDRESS	24 JANA DRIVE	
CITY-ST-ZIP	PONCE INLET FL 32127	
TITLE	TD	<input type="checkbox"/> Delete
NAME	CONNOR, BARBARA	
STREET ADDRESS	22 JANA DRIVE	
CITY-ST-ZIP	PONCE INLET FL 32127	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	HARBERT, CHRIS	
STREET ADDRESS	45 ASHLEY COURT	
CITY-ST-ZIP	PONCE INLET FL 32127	
TITLE	S	<input type="checkbox"/> Delete
NAME	KAROLY, MARY	
STREET ADDRESS	21 JANA DRIVE	
CITY-ST-ZIP	PONCE INLET FL 32127	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	CRYE, FRANK	
STREET ADDRESS	20 SEA HAVEN DR.	
CITY-ST-ZIP	PORT INLET FL 32127	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARVEY HATRIDGE	
STREET ADDRESS	29 SEA HAVEN DR.	
CITY-ST-ZIP	PONCE INLET, FL 32127	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Thomas P. McGuire

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/9/2005

Date

Daytime Phone #