2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State
04-30-2007 90436 050 ****61.25

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1. Entity Name
THE VILLAS OF SEAGATE AT ST. JOSEPH SOUND OWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
11300 FOURTH STREET NORTH SUITE 200 ST. PETERSBURG, FL 33716	11300 FOURTH STREET NORTH SUITE 200 ST. PETERSBURG, FL 33716

03302007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc. Suite 260
City & State	City & State Clearwater, FL
Zip / Country	Zip 33762 / Country USA

4. FEI Number
20-4218066 ☐ Applied For ☐ Not Applicable

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
CHADWICK, JAMES M 11300 FOURTH STREET NORTH SUITE 200 ST. PETERSBURG, FL 33716	Name Condominium Associates Street Address (P.O. Box Number is Not Acceptable) 3001 Executive Drive Suite 260 City Clearwater FL Zip Code 33762

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 Condominium Associates By C.J. Caldwell, VICE PRESIDENT 4-26-07
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 May 1, 2007

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Bruce R. Keene, Jr.	☐ Delete	TITLE P NAME STREET ADDRESS CITY-ST-ZIP	Bruce R. Keene, Jr 11300 4th St. N Suite 200 St. Petersburg, FL 33716	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Dennis E Gullo	☐ Delete	TITLE VP NAME STREET ADDRESS CITY-ST-ZIP	Dennis E. Gullo 11300 4th St. N. Suite 200 St Petersburg, FL 33716	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Judy L. Pennala	☐ Delete	TITLE S/T NAME STREET ADDRESS CITY-ST-ZIP	Judy L. Pennala 11300 4th St. N. Suite 200 St Petersburg, FL 33716	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / 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: Bruce R. Keene 04/24/07 727-577-9197
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #