

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2006 8:00 am
Secretary of State

04-12-2006 90071 031 ****61.25

DOCUMENT # N06791

1. Entity Name
SEA JADE OCEAN FRONT CONDOMINIUMS, INC.



Principal Place of Business
**555 JACKSON AVENUE
CAPE CANAVERAL, FL 32920**

Mailing Address
**1980 N. ATLANTIC AVE.
#701
COCOA BEACH, FL 32931**

40046311



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04042006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-2671064

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

**DAVIS, PETER
1980 N. ATLANTIC AVE.
#701
COCOA BEACH, FL 32931**

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

**Filing Fee is \$61.25
Due by May 1, 2006**

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
**D
COLEMAN, RANDALL BUTCH
555 JACKSON AVE
CAPE CANAVERAL, FL 32920** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D-B Bimson, Kent
555 Jackson Ave
Cape Canaveral Fl 32920** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
SOPKO, SHEILA
555 JACKSON AVE
CAPE CANAVERAL, FL 32920** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD-Babin, Cheri
555 Jackson Ave #104
Cape Canaveral Fl. 32920** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPD
BIMSON, KENT
555 JACKSON AVE
CAPE CANAVERAL, FL 32920** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD Butcher, Terry
555 Jackson Ave #101
Cape Canaveral Fl. 32920** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PDT
HARRIS, CHARLES
555 JACKSON AVE
CAPE CANAVERAL, FL 32920** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T-D
Harris, Charles** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
GREGAN, BILL
555 JACKSON AVE #304
CAPE CANAVERAL, FL 32920** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PID
Gregan, Bill** ☒ 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.

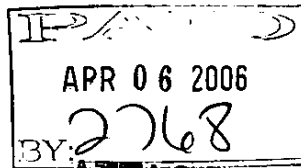
SIGNATURE: *Charles Harris*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/06
Date

Daytime Phone #

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40046570



ATTACHMENT

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLEMAN, RANDALL BUTCH 555 JACKSON AVE CAPE CANAVERAL, FL 32920	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SOPKO, SHEILA 555 JACKSON AVE CAPE CANAVERAL, FL 32920	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BIMSON, KENT 555 JACKSON AVE CAPE CANAVERAL, FL 32920	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT HARRIS, CHARLES 555 JACKSON AVE CAPE CANAVERAL, FL 32920	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREGAN, BILL 555 JACKSON AVE #304 CAPE CANAVERAL, FL 32920	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D-B Bimson, Kent 555 Jackson Ave Cape Canaveral FL 32920	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD-Babin, Cheri 555 Jackson Ave #104 Cape Canaveral FL 32920	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD-Butcher, Terry 555 Jackson Ave #101 Cape Canaveral FL 32920	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT Harris, Charles	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PID Gregan, Bill	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #