2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Apr 12, 2006 8:00 am Secretary of State 04-12-2006 90071 031 ****61 25 DOCUMENT # N06791 SEA JADE OCEAN FRONT CONDOMINIUMS, INC. 400400. Mailing Address Principal Place of Business 555 JACKSON AVENUE 1980 N. ATLANTIC AVE. CAPE CANAVERAL, FL 32920 #701 COCOA BEACH, FL 32931 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04042006 CR2E037 (11/05) Chg-NP Applied For City & State 4. FEI Number City & State 59-2671064 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired П 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DAVIS, PETER Street Address (P.O. Box Number is Not Acceptable) 1980 N. ATLANTIC AVE. #701 COCOA BEACH, FL 32931 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable Make check payable to 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Florida Department of State Trust Fund Contribution. Due by May 1, 2006 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. D-BBimson, Kent Change Addition 555 Jackson Ave ☐ Delete TITLE TITLE COLEMAN, RANDALL BUTCH NAME NAME 555 JACKSON AVE STREET ADDRESS Cape Can Averal 41 STREET ADDRESS 32920 CITY-ST-ZIP CITY-ST-ZIP CAPE CANAVERAL, FL 32920 5D- Babin, Cheri Ochan 555 Jackson Ave # 104 TITLE SD Delete TITLE SOPKO, SHEILA NAME NAME STREET ADDRESS 555 JACKSON AVE STREET ADDRESS Cape Canaveral II. 32920 CAPE CANAVERAL, FL 32920 CITY-ST-7IP CITY-ST-ZIP Butcher, Terry Achange 5 Jackson Ave # 101 VPD Delete TITLE TITLE BIMSON, KENT NAME NAME 555 JACKSON AVE STREET ADDRESS STREET ADDRESS APE Canaveral 41. 32920 CITY-ST-ZIP CITY-ST-ZIP CAPE CANAVERAL, FL 32920 Addition TITLE ☐ Defete TITLE tarris, charles HARRIS, CHARLES NAME NAME STREET ADDRESS 555 JACKSON AVE STREET ADDRESS CAPE CANAVERAL, FL 32920 CITY-ST-ZIP CITY-ST-ZIP Gregan, Bill Change ☐ Addition ☐ Delete TITLE TITLE NAMÉ GREGAN, BILL NAME STREET ADDRESS 555 JACKSON AVE #304 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CAPE CANAVERAL, FL 32920 Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 eath, that I am an officer or director of the corporation or the receiver or trustee empowered by execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

like empowered.

avris

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

changed, or on an attac

SIGNATURE: (

FILED

Daytime Phone #

20	06 NOT-FOR-PRO ANNUAL	40046570							
DOCUMENT # N06791 1. Entity Name SEA JADE OCEAN FRONT CONDOMINIUMS, INC.					APR 0 6 2006				
Principal Place of Business 555 JACKSON AVENUE CAPE CANAVERAL, FL 32920		Mailing Address 1980 N. ATLANTIC AVE. #701 COCOA BEACH, FL 32931			1111	ATTAC	HMENT		
2. Principal Place of Business		3. Mailing Address			de OH a		L		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04042006 Ch	ig-NP CR2E	E037 (11/0 5)		
City & State		City & State			4. FEI Number Applied For 59-2671064 Not Applicable				
Zip	Country	Zip	Country		5. Certificate of Sta	atus Desired	\$8.75 Addit Fee Required	ional	
Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name					
DAVIS, PE 1980 N. A ¹ #701	ETER FLANTIC AVE.			Street Address (P.O. Box Number is Not Acceptable)					
COCOA B	EACH, FL 32931		City		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									
	Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution.			\$5.00 May Be Added to Fees Florida Department of State			
10.	OFFICERS AND DIF		11.			S TO OFFICERS AND	DIRECTORS IN 1		
NAME STREET ADDRESS CITY-ST-ZIP	COLEMAN, RANDALL BUTCH 555 JACKSON AVE CAPE CANAVERAL, FL 32920	□ Delete	NAME STREET ADI	DOCOO I	B Bim So 5 Lackson 1e Can Av	n Ave	3290	Addition	
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CITY-ST-ZIP	VPD	Delete	TITLE	VD	By +che	on Ave	*Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP	BIMSON, KENT 555 JACKSON AVE CAPE CANAVERAL, FL 32920		STREET ADI	F 0 0			# 101 1 3298	2 0	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT HARRIS, CHARLES 555 JACKSON AVE CAPE CANAVERAL, FL 32920	☐ Dekste	TITLE NAME STREET ADI CITY-ST-Z	DRESS Hai	rris, ch	arles	TA Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREGAN, BILL 555 JACKSON AVE #304 CAPE CANAVERAL, FL 32920	☐ Detete	TITLE NAME STREET AD CITY-ST-2	DRESS CTY	regan,	Bill	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Defete	TITLE NAME STREET ADI CITY-ST-Z	l l			☐ Change	Addition	
12. I hereby certify that the information supplied with this filling 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: SIGNATURE AND TYPED OR PROFTED NAME OF SIGNING OFFICER OR DIRECTOR Date Only Only									