2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2006 08:00 AM
Secretary of State

DOCUMENT # N07733

1. Entity Name
SEA MATANZAS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
8850 A1A SOUTH 4 ST. AUGUSTINE, FL 32086 US	P.O. BOX 51351 JACKSONVILLE BEACH, FL 32240-1351 US

01032006 No Chg-NP CR2E037 (11/05)

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4. FEI Number
59-2712397
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SIMPSON, KURT A.
3500 SOUTH THIRD STREET
JACKSONVILLE BEACH, FL 32250

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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 _____ DATE
Signature (typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	PAINTER, HOWARD
STREET ADDRESS	3831 RIVER HOLLOW CT
CITY-ST-ZIP	OVIEDO, FL 32765
TITLE	VD
NAME	SCHMIDT, IRA
STREET ADDRESS	8850 A1A SOUTH #1
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32080
TITLE	TD
NAME	SWINDELL, JAMES R
STREET ADDRESS	3560 SOUTH THIRD ST
CITY-ST-ZIP	JACKSONVILLE BEACH, FL 32250
TITLE	PD
NAME	STRINGFELLOW, RICHARD
STREET ADDRESS	6910 W UNIV AVE STE 1
CITY-ST-ZIP	GAINESVILLE, FL 32607
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/03/06-80004-013 61.25

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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: James R. Swindell 1/3/06 (904) 241-8176
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

James R. Swindell