

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 07, 2008 08:00 AM
Secretary of State

DOCUMENT # N07733

1. Entity Name
SEA MATANZAS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**8850 A1A SOUTH
4
ST. AUGUSTINE, FL 32086 US**

Mailing Address
**P.O. BOX 51351
JACKSONVILLE BEACH, FL 32240-1351 US**



01052008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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**

**DO NOT WRITE
IN THIS SPACE**

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, 2008**

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

U00000775337
01/08/08 80026-005 61.25

10. OFFICERS AND DIRECTORS

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

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/08
Date

904/241-8176
Daytime Phone #

JAMES R. SWINDELL