

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2005 8:00 am
Secretary of State

02-14-2005 90072 003 ****61.25

DOCUMENT # N10027

1. Entity Name
SEA PLACE MASTER ASSOCIATION, INC



Principal Place of Business
**C/O MAY MANAGEMENT SERVICES, INC.
5455 A 1A SOUTH
ST. AUGUSTINE, FL 32080**

Mailing Address
**5455 A1A SOUTH
ST. AUGUSTINE, FL 32080**

50015099



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01252005 Chg-NP

CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-2903417

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

**MAY MANAGEMENT SERVICES
5455 A 1A SOUTH
ST. AUGUSTINE, FL 32084**

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, 2005**

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
BERTSCHY, BETTY
1718 SEFAIR DRIVE
SAINT AUGUSTINE, FL 32080** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DVP
DEVRIES, WILLIAM
4332 OCEANHOMES COURT
ST. AUGUSTINE, FL 32080** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TRE
THULL, ELSIE
1756 SEA FAIR DR
SAINT AUGUSTINE, FL 32084** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DS
MOONEY, MARY ANN
1733 SEFAIR DRIVE
SAINT AUGUSTINE, FL 32080** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Secretary ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Natalie Petersilie
President
4500 Oceanhomes Court
St Augustine, FL 32080** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Co-Treasurer
Calvin P. Schmidt
1785 Seafair Dr
St Augustine, FL 32080** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Co-Treasurer
Caryl L. Woosley
403 Abingdon Place
Jacksonville, FL 32225** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Vice President
Thomas F. Williams
1772 Seafair Drive
St Augustine, FL 32080** ☐ Change ☒ Addition

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 exemption stated in Section 119.07(3)(i), 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:

Calvin P. Schmidt
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/05
Date

**904
471-5916**
Daytime Phone #