
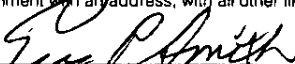


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 8:00 am
Secretary of State

02-25-2008 90047 039 ****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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01242008 Chg-NP CR2E037 (12/06)	
4. FEI Number 59-2903417				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$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 <div style="text-align: right;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	S	<input checked="" type="checkbox"/> Delete	TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETERSILIE, BETH		NAME	James L. Diamontis	
STREET ADDRESS	4300 OCEAN HOMES CT		STREET ADDRESS	152 Southerly Lane	
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32080		CITY-ST-ZIP	Orange Park, FL 32003	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HEANEY, MARIE FRANCES		NAME	Andy Morrison	
STREET ADDRESS	128 TIDEWATCH DR		STREET ADDRESS	PO Box 845, Old Coffee Rd	
CITY-ST-ZIP	ST. AUGUSTINE, FL 32080		CITY-ST-ZIP	Nashville, GA 37639	
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DIAMONTIS, JAMES L		NAME	Pete Smith	
STREET ADDRESS	152 SOUTHERLY LN		STREET ADDRESS	1712 Sea Fair Dr.	
CITY-ST-ZIP	ORANGE PARK, FL 32003		CITY-ST-ZIP	St. Augustine, FL 32080	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, THOMAS F		NAME	Marie Frances Heaney	
STREET ADDRESS	1772 SEAFAIR DR		STREET ADDRESS	128 Tidewatch Dr.	
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32080		CITY-ST-ZIP	St. Augustine, FL 32080	
TITLE		<input type="checkbox"/> Delete	TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	Tom Williams	
STREET ADDRESS			STREET ADDRESS	1772 Seafair Dr.	
CITY-ST-ZIP			CITY-ST-ZIP	St. Augustine, FL 32080	
TITLE		<input type="checkbox"/> Delete	TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	B. Wilkins	
STREET ADDRESS			STREET ADDRESS	1958 Hibberica Ct	
CITY-ST-ZIP			CITY-ST-ZIP	Jacksonville, FL 32223	
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: 					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date Daytime Phone #</small>					