
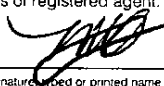
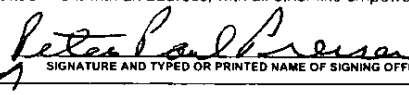


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 11, 2008 8:00 am**  
**Secretary of State**

04-11-2008 90054 014 \*\*\*\*61.25

<b>DOCUMENT # N13280</b> 1. Entity Name <b>SEA COLONY HOMEOWNER'S ASSOCIATION, INC.</b>					
Principal Place of Business <b>2 SEA COLONY DR PALM COAST, FL 32137</b>			Mailing Address <b>SEA COLONY P.O BOX 354734 PALM COAST, FL 32135 US</b>		
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		
4. FEI Number <b>59-2744549</b>					
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					
6. Name and Address of Current Registered Agent  <b>BELLAPIANTA, MARC 17 OLD KINGS RD N SUITE B PALM COAST, FL 32137</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </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 		<b>Marc Bellapianta</b>		<b>4/1/08</b>	
Filing Fee is <b>\$61.25</b> Due by <b>May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
Make check payable to <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CURRAN, JAMES 4 NANTUCKET LANE PALM COAST, FL 32137		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ENRIGHT, JOHN 19 NANTUCKET DR PALM COAST, FL 32137		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD NEMRAVA, ALMA 7 NANTUCKET DR PALM COAST, FL 32137		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PREISER, PETER 26 BRISTOL LANE PALM COAST, FL 32137		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PREISER, PETER 26 BRISTOL LAN PALM COAST, FL 32137	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUND, MYLES 14 MEDFORD DR PALM COAST, FL 32137		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LUND, MYLES 14 MEDFORD DRIVE PALM COAST, FL 32137	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 			<b>APRIL 8, 2008</b> (386) 445-9838		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		