## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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DOCUMENT # N13280  1. Entity Name SEA COLONY HOMEOWNER'S ASSOCIATION, INC.					4	)4-11-2008	3 90054 014 **	**61.25	
Principal Place of Business 2 SEA COLONY DR SEA COLONY PALM COAST, FL 32137 PALM COAST, FL 32137 PALM COAST, FL 3213			US			4112 <b>1</b> 11821 1821 884	ek Biblir Biblir Biblir Berbir bib	1 BITIIDI BI ITBI	
		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03182008 Cr	ıg-NP	CR2E037 (12/0	6)	
City & State		City & State			4. FEI Number 59-274454	9		Applied For Not Applicable	
Zip	Country	Zip	Country		5. Certificate of Sta	atus Desired	□ \$8.75 Fee Req	Additional uired	
	6. Name and Address of Current	Registered Agent			7. Name and Add	ress of New R	legistered Agent		
BELLAPIANTA, MARC			Name						
17 OLD KINGS RD N SUITE B PALM COAST, FL 32137			Street Address (I		P.O. Box Number is N	Not Acceptable	e)		
			Čity				- Zin (	Code	
8. The above	named entity submits this statement for	or the <u>purpose</u> of changing its re	'	r registere	ed agent, or both, in	the State of Fig	rl		
the obligat	tions of registered agent.							initi, and decept	
SIGNATURE	Signature upped or printed name of registered agen		Marc Bell				4/1/08		
				tre required	when reinstation)				
			negistered Agent signati	ure required	when reinstating)		DATE		
	Filing Fee is \$61.25 Due by May 1, 2008	9. Election Camp Trust Fund Co	aign Financing		\$5.00 May Be Added to Fees		lake check payab		
10.	Due by May 1, 2008	9. Election Camp Trust Fund Co	paign Financing ntribution.		\$5.00 May Be Added to Fees	Flor	lake check payab ida Department o	f State	
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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 charged, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 8, 2008 (386) 445-9838