

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 16, 2006 8:00 am**  
**Secretary of State**

02-16-2006 90030 030 \*\*\*\*61.25

|  |                                 |  |  |   |  |
|--|---------------------------------|--|--|---|--|
| <b>DOCUMENT # N13912</b><br>1. Entity Name<br><b>SEAFORST COURT HOMEOWNERS' ASSOCIATION, INC.</b>  |                                 |  |  |   |  |
| Principal Place of Business<br><b>PO BOX 8013<br/>INDIAN RIVER SHORES, FL 32963 US</b>   |                                 |  | Mailing Address<br><b>P. O. BOX 8013<br/>INDIAN RIVER SHORES, FL 32963 US</b>  |   |  |
| 2. Principal Place of Business   |                                 | 3. Mailing Address   |  |   |  |
| Suite, Apt. #, etc.  |                                 | Suite, Apt. #, etc.  |  |   |  |
| City & State   |                                 | City & State   |  |   |  |
| Zip  | Country                         | Zip  | Country  | 01302006 Chg-NP CR2E037 (11/05)<br>4. FEI Number<br><b>54-1453167</b>   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |                                 |  |  | <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b><br><input type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable |  |
| 6. Name and Address of Current Registered Agent  |                                 |  | 7. Name and Address of New Registered Agent  |   |  |
| <b>JANDZEN, JOHN<br/>180 S CAMELIA CT<br/>VERO BEACH, FL 32963</b>   |                                 |  | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>  |                                 |  |  |   |  |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2006</b>  |                                 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> |  | <b>\$5.00 May Be Added to Fees</b>  |  |
| <b>Make check payable to<br/>Florida Department of State</b>   |                                 |  |  |   |  |
| 10. OFFICERS AND DIRECTORS   |                                 |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  |   |  |
| TITLE  | VPD                             | <input checked="" type="checkbox"/> Delete                                       | TITLE  | PRES. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition  |  |
| NAME   | GEORGE, MORRIS                  |  | NAME   | JULIE HOBAN   |  |
| STREET ADDRESS   | 190 N CAMELIA CT                |  | STREET ADDRESS   | 161 S. Camelia Ct.  |  |
| CITY-ST-ZIP  | VERO BEACH, FL 32963            |  | CITY-ST-ZIP  | VERO BEACH, FL 32963  |  |
| TITLE  | D                               | <input checked="" type="checkbox"/> Delete                                       | TITLE  | VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition   |  |
| NAME   | JANDZEN, JOHN C.                |  | NAME   | Ted Robinson III  |  |
| STREET ADDRESS   | 180 S. CAMELIA ST.              |  | STREET ADDRESS   | 50 N. Caserea Ct.   |  |
| CITY-ST-ZIP  | INDIAN RIVER SH., FL            |  | CITY-ST-ZIP  | VERO BEACH, FL 32963  |  |
| TITLE  | TD                              | <input checked="" type="checkbox"/> Delete                                       | TITLE  | TREAS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition  |  |
| NAME   | MCGRATH, KATHLEEN               |  | NAME   | Joan Jandzen  |  |
| STREET ADDRESS   | 21 S CASEREA COURT              |  | STREET ADDRESS   | 180 S. Camelia Court  |  |
| CITY-ST-ZIP  | VERO BEACH, FL 32963            |  | CITY-ST-ZIP  | VERO BEACH, FL 32963  |  |
| TITLE  | S                               | <input checked="" type="checkbox"/> Delete                                       | TITLE  | Sec. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition   |  |
| NAME   | ETHEREDGE, LEE                  |  | NAME   | Don Marshall  |  |
| STREET ADDRESS   | 21 S. CADEREA COURT             |  | STREET ADDRESS   | 221 N. Camelia Ct.  |  |
| CITY-ST-ZIP  | VERO BEACH, FL 32963            |  | CITY-ST-ZIP  | VERO BEACH, FL 32963  |  |
| TITLE  | P                               | <input checked="" type="checkbox"/> Delete                                       | TITLE  | BO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition   |  |
| NAME   | BASS, MIKE                      |  | NAME   | Patrick Ruddy   |  |
| STREET ADDRESS   | 80 S CATALINA                   |  | STREET ADDRESS   | 171 S. Camelia Ct.  |  |
| CITY-ST-ZIP  | VERO BEACH, FL 32963            |  | CITY-ST-ZIP  | VERO BEACH, FL 32963  |  |
| TITLE  | <input type="checkbox"/> Delete |  | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| NAME   |                                 |  | NAME   |   |  |
| STREET ADDRESS   |                                 |  | STREET ADDRESS   |   |  |
| CITY-ST-ZIP  |                                 |  | CITY-ST-ZIP  |   |  |
| 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. |                                 |  |  |   |  |
| <b>SIGNATURE:</b> <u>Joan M Jandzen</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |                                 |  | Date <u>2/14/06</u><br><small>Daytime Phone #</small>  |   |  |