
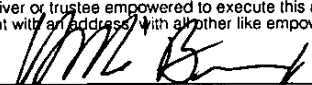


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90309 011 ****61.25

DOCUMENT # N15362 1. Entity Name SEE-RAY SHORES CONDOMINIUM OWNER'S ASSOCIATION, INC.					
Principal Place of Business ONE 10TH STREET UNIT 101 ST AUGUSTINE, FL 32080 US			Mailing Address % H.A. LEBEAU 1 10TH ST., UNIT 101 ST AUGUSTINE, FL 32080 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 61-1014095				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		
LEBEAU, H. A. JR 188 HERONS NEST LANE ST. AUGUSTINE, FL 32080			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2006		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	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LEBEAU, H.A. JR		NAME		
STREET ADDRESS	183 HERONS NESG LANE		STREET ADDRESS		
CITY-ST-ZIP	ST AUGUSTINE, FL 32080		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WEITZ, BARTON		NAME		
STREET ADDRESS	2736 NW 20TH ST.		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE, FL 32605		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CHESTER, LINDA		NAME	D	
STREET ADDRESS	400 A1A BEACH BLVD		STREET ADDRESS		
CITY-ST-ZIP	ST AUGUSTINE, FL 32080		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BRABHAM, BEN		NAME		
STREET ADDRESS	ONE 10TH ST, UNIT 202		STREET ADDRESS		
CITY-ST-ZIP	ST AUGUSTINE, FL 32080		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	CRUZ, BETTY J		NAME	SD	
STREET ADDRESS	3703 SKYLINE CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	KINGSPORT, TN 37664		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GODFREY, S		NAME		
STREET ADDRESS	ONE 10TH ST, UNIT 303		STREET ADDRESS		
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32080		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 it 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: 			H.A. LeBeau		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 3/29/06 Daytime Phone # 904/471-3230		