2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N15362

1. Entity Name

SEE-RAY SHORES CONDOMINIUM OWNER'S ASSOCIATION, INC.



FILED Feb 04, 2008 08:00 AN Secretary of State

Principal Place of Business

ONE 10TH STREET UNIT 101

ST AUGUSTINE, FL 32080

Mailing Address

% H.A. LEBEAU 1 10th St., Unit 101

ST AUGUSTINE, FL 32080 U



DO NOT WRITE IN THIS SPACE

01192008 No Chg-NP

CR2E037 (4/06)

4. FEI Number 61-1014095

Applied For Not Applical

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LEBEAU, H. A. JR 188 HERONS NEST LANE ST. AUGUSTINE, FL 32080

DO NOT WRITE IN THIS SPACE

		Signaturation to the state of t	and the state of t
 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 acceptable obligations of registered agent. 			
SIGNATURE.			· · · · · · · · · · · · · · · · · · ·
	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered	d Agent signature required when reinstating)	DATE
· · · · · · · · · · · · · · · · · · ·	Filing Fee is \$61.25 Due by May 1, 2008 9. Election Campaign Finant Trust Fund Contribution.	ncing \$5.00 May Be Added to Fees	
10.	OFFICERS AND DIRECTORS	or a recommendation makes	
TITLE NAME STREET ADDRESS SITY - ST - ZIP	TD LEBEAU, H.A. JR 183 HERONS NESG LANE ST AUGUSTINE, FL 32080		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WEITZ, BARTON 2736 NW 20TH ST. GAINESVILLE, FL 32605		U00000814473 13208+80045=021261-25
ITLE IAME ITREET ADDRESS (ITY-ST-ZIP	D CHESTER, LINDA 400 A1A BEACH BLVD ST AUGUSTINE, FL 32080	DO	NOT WRITE
ITLE HAME STREET ADDRESS (STY+ST+ZIP	SD CRUZ, BETTY J 3703 SKYLINE CIRCLE KINGSPORT, TN 37664	IN	THIS SPACE
ITLE IAME TREET ADDRESS DITY ST-ZIP	D- GODFREY, S ONE 10TH ST, UNIT 303 SAINT AUGUSTINE, FL 32080		
ITLE . IAME ITREET ADDRESS ITY-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 direct 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 changed, or on an attachment with an address. Why all other like empowered.

SIGNATURE: