2004 NOT-FOR-PROFIT CORPORATION

FILED Mar 18, 2004 8:00 am **Secretary of State**

ANNOAL REPORT	
DOCUMENT # N26860	SE THE
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03-18-2004 90020 005 ****61.25 THE SEABURY CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 44019296 RESORT MANAGEMENT RESORT MANAGEMENT 834 BALD EAGLE DR. 834 BALD EAGLE DR. MARCO ISLAND, FL 34145 MARCO ISLAND, FL 34145 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02252004 Chg-NP CR2E037 (10/03) 4. FEI Number 65-0126869 Applied For City & State City & State Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MARTIN, KEITH Street Address (P.O. Box Number is Not Acceptable) 3243 ADAMS ST. SARASOTA, FL 34241 City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Make check payable to Due by May 1, 2004 Trust Fund Contribution Florida Department of State Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE ☐ Delete TITLE ☐ Change ■ Addition MARTIN, KEITH NAME NAME STREET ADDRESS 3243 ADAMS STREET STREET ADDRESS CITY-ST-ZIP TWO RIVERS, WI 54241 CITY-ST-ZIP TITLE SD Delete TITLE Bill Stucker Dichange ☐ Change Addition NAME TABOR, DONNA NAME STREET ADDRESS 12 SUNSET VIEW ROAD STREET ADDRESS CITY-ST-ZIP WHITEHOUSE STATION, NJ 08889 CITY-ST-ZIP TITLE **VPD** ☐ Delete TITLE ☐ Change ☐ Addition CROSBY, JESSE NAME NAME STREET ADDRESS 1060 SWALLOW AVE - 105 STREET ADDRESS CITY-ST-ZIF MARCO ISLAND, FL 34145 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition FUSCO, JOHN NAME NAME STREET ADDRESS 246 W 13TH STREET STREET ADDRESS CITY-ST-ZIP SHIPBOTTOM, NJ 08008 CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition HOEFFNER, LYNN NAME NAME STREET ADDRESS 151 ARLINGTON AVE STREET ADDRESS HAWTHORNE, NJ 07506 CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE Change ☐ 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 exemption stated in Section 119.07(3)(i), 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:

KEM F. MARTIN PRES certino TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR