


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90127 039 ****61.25

DOCUMENT # N26860	
1. Entity Name THE SEABURY CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business RESORT MANAGEMENT 834 BALD EAGLE DR. MARCO ISLAND, FL 34145 US	Mailing Address RESORT MANAGEMENT 834 BALD EAGLE DR. MARCO ISLAND, FL 34145 US
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

40001000

03282008 Chg-NP CR2E037 (12/06)

4. FEI Number
65-0126869

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent	
MARTIN, KEITH 3243 ADAMS ST. SARASOTA, FL 34241	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
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 _____	

Filing Fee is \$61.25 Due by May 1, 2008	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
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10. OFFICERS AND DIRECTORS	
TITLE	SD
NAME	SMITH, BETH <input checked="" type="checkbox"/> Delete
STREET ADDRESS	2210 NW 3RD AVE
CITY-ST-ZIP	BOCA RATON, FL 33431
TITLE	VPD
NAME	STUCKER, BILL <input type="checkbox"/> Delete
STREET ADDRESS	P.O. BOX 770152
CITY-ST-ZIP	STEAMBOAT SPRINGS, CO 80477
TITLE	TD
NAME	GAMBLE, JOHN <input type="checkbox"/> Delete
STREET ADDRESS	1060 SWALLOW AVE, #104
CITY-ST-ZIP	MARCO ISLAND, FL 34145
TITLE	
NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	Horn, Howard <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	187 Beaver Dam Rd.
STREET ADDRESS	Brookhaven, NY 11719
CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Zerbo, Angelo
STREET ADDRESS	34067 Grand River Ave.
CITY-ST-ZIP	Farmington, MI 48335
TITLE	Gamble, John <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1507 Bermuda Rd
STREET ADDRESS	Marco Island, FL 34145
CITY-ST-ZIP	
TITLE	
NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
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.

SIGNATURE: <u>John D. Gamble</u>	<u>4-21-08</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #