
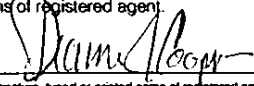
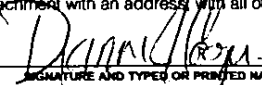


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2007 8:00 am
Secretary of State

05-07-2007 90077 020 ****61.25

DOCUMENT # N28149 1. Entity Name SEMINOLE BY THE SEA HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 13922 SANDHILL CRANE DR SOUTH JACKSONVILLE, FL 32224			Mailing Address 13922 SANDHILL CRANE DR SOUTH JACKSONVILLE, FL 32224		
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		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
COOPER, DIANNE J 2133 SEMINOLE ROAD UNIT #1 ATLANTIC BEACH, FL 32233				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between; margin-top: 10px;"> FL Zip Code </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. <div style="display: flex; justify-content: space-between; align-items: flex-end; margin-top: 10px;"> <div style="width: 60%;"> SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 35%; text-align: right;"> <small>(NOTE: Registered Agent signature required when reinstating)</small> DATE </div> </div>					
Filing Fee is \$61.25 Due by September 14, 2007		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	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GERRITY, RICHARD	NAME			
STREET ADDRESS	325 N. SEA LAKE LANE	STREET ADDRESS			
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082	CITY-ST-ZIP			
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	TAILLON, JESSICA	NAME			
STREET ADDRESS	2133 SEMINOLE RD #5	STREET ADDRESS			
CITY-ST-ZIP	ATLANTIC BEACH, FL 32233	CITY-ST-ZIP			
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	COOPER, DIANNE J	NAME			
STREET ADDRESS	2133 SEMINOLE ROAD #1	STREET ADDRESS			
CITY-ST-ZIP	ATLANTIC BEACH, FL 32233	CITY-ST-ZIP			
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			
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.					
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
				<small>Date</small>	<small>Daytime Phone #</small>

40101127



05022007 Chg-NP CR2E037 (12/06)

4. FEI Number
NOT APPLICABLE

Applied For
☐ Not Applicable

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