

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 21, 2005 8:00 am**  
**Secretary of State**

01-21-2005 90087 041 \*\*\*\*70.00

**DOCUMENT # N29778**

1. Entity Name  
**SEAWATCH AT LOBLOLLY BAY CONDOMINIUM  
ASSOCIATION, INC.**



Principal Place of Business  
**7407 SE HILL TERR  
HOBE SOUND, FL 33455**

Mailing Address  
**7407 SE HILL TERR  
HOBE SOUND, FL 33455**

**50005360**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01102005

Chg-NP

CR2E037 (10/03)

4. FEI Number

**58-1934432**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORNETT, JANE L  
401 E OSCEOLA STREET  
FIRST FLOOR  
STUART, FL 34994**

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

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, 2005**

9. Election Campaign Financing  
Trust Fund Contribution.



**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME BELL, LAWRENCE  
STREET ADDRESS 7450 SE DOCK #3S  
CITY-ST-ZIP HOBE SOUND, FL 33455

TITLE DV ☐ Delete  
NAME KIRCHOFF, WILLIAM  
STREET ADDRESS 7450 SE DOCK ST #2N  
CITY-ST-ZIP HOBE SOUND, FL 33455

TITLE DT ☒ Delete  
NAME MYERS, ROBERT  
STREET ADDRESS 7450 SE DOCK ST #2S  
CITY-ST-ZIP HOBE SOUND, FL 33455

TITLE DS ☒ Delete  
NAME KIRCHOFF, JEAN  
STREET ADDRESS 7450 SE DOCK ST #2N  
CITY-ST-ZIP HOBE SOUND, FL 33455

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DT ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DP ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DS ☐ Change ☒ Addition  
NAME Myers, Karyl  
STREET ADDRESS 7450 SE Dock St #2S  
CITY-ST-ZIP Hobe Sound, FL 33455

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:**

*Lawrence B Bell*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #