
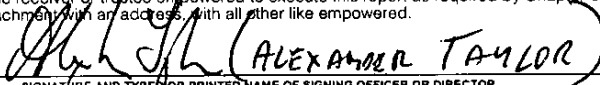


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90091 020 ****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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 58-1934432	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORNETT, JANE L 401 E OSCEOLA STREET FIRST FLOOR STUART, FL 34994				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				Applied For Not Applicable	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>		(NOTE: Registered Agent signature required when reinstating)		DATE _____	
Filing Fee is \$61.25 Due by May 1, 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 NAME STREET ADDRESS CITY - ST - ZIP	DT BELL, LAWRENCE 7450 SE DOCK #3S HOBE SOUND, FL 33455 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP TAYLOR, MORIS MARIS 7950 DOCK ST., 2-N HOBE SOUND, FL 33455 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S PEACOCK, ADRIAN ADRIENNE 7950 DOCK ST., 1-S DELRAY BEACH, FL 33445 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P TAYLOR, ALEXANDER 7950 DOCK ST., 2-N HOBE SOUND, FL 33455 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  ALEXANDER TAYLOR <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				JAN 25th, 2007 772-546-5167 <small>Date Daytime Phone #</small>	