

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

02-05-2007 90111 016 \*\*\*\*61.25

**DOCUMENT # N40367**

1. Entity Name  
**SEALOFF II OWNERS ASSOCIATION, INC.**



Principal Place of Business  
**12815 HIGHWAY 98 WEST  
SUITE 100  
MIRAMAR BEACH, FL 32550 US**

Mailing Address  
**P.O. BOX 1779  
MIRAMAR BEACH, FL 32540 US**

**00012161**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

**P.O. Box 1779**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01172007 Chg-NP CR2E037 (12/06)

City & State

City & State

**Destin, FL**

4. FEI Number  
**59-3042164**

Applied For  
Not Applicable

Zip

Country

Zip

Country

**32540**

**USA**

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

**SMITH, LORETTA W CAM  
12815 HIGHWAY 98 W  
SUITE 100  
MIRAMAR BEACH, FL 32550**

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

*Loretta W Smith, CAM*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**1-27-07**

**Filing Fee is \$61.25  
Due by May 1, 2007**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete  
NAME SMITH, DELPHIA  
STREET ADDRESS 4276 HIGHWAY 39  
CITY-ST-ZIP CHELSEA, AL 35043

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 1740 Country Road 39  
CITY-ST-ZIP Chelsea, AL 35043

TITLE ST ☐ Delete  
NAME TAYLOR, LEX  
STREET ADDRESS 937 W MAIN STREET  
CITY-ST-ZIP LOUISVILLE, MS 39339

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

TITLE VPD ☐ Delete  
NAME KENNEDY, GARY  
STREET ADDRESS 1031 EDEN PARK DR  
CITY-ST-ZIP FRANKLIN, TN 37067

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

TITLE D ☐ Delete  
NAME DAHLBERG, BILL  
STREET ADDRESS 1871 CHARTWELL TRACE  
CITY-ST-ZIP STONE MOUNTAIN, GA 30087

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 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:

*Dolcie Suel*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/27/07**

Date

**837-1071**

Daytime Phone #