

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N41426

FILED  
Apr 07, 2008  
Secretary of State

**Entity Name:** SEA VILLAS CONDOMINIUM ASSOCIATION OF NEW SMYRNA BEACH, INC.

**Current Principal Place of Business:**

3208 HILL STREET  
#111  
NEW SMYRNA BEACH, FL 32169

**New Principal Place of Business:**

**Current Mailing Address:**

3208 HILL STREET  
#111  
NEW SMYRNA BEACH, FL 32169

**New Mailing Address:**

**FEI Number:** 65-0234541

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FAIRCHILD MOSS MANAGEMENT, LLC  
1600 S. FEDERAL HWY  
SUITE 970  
POMPANO BEACH, FL 33062 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: RECTOR, KATRIN  
Address: 3105 HAYDEN STREET  
City-St-Zip: GREENSBORO, NC 27407

Title: VPD ( ) Delete  
Name: BLAZER, JO ANN  
Address: 5395 BONITA DR.  
City-St-Zip: CINCINNATI, OH 45238

Title: STD ( ) Delete  
Name: GREEN, HERMAN P  
Address: 1575 SIXTH STREET  
City-St-Zip: RENSELAER, NY 12144

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN GILBERT

MGR

04/07/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date