## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## Apr 18, 2008 8:00 am Secretary of State DOCUMENT # N45073 1. Entity Name 04-18-2008 90026 046 \*\*\*\*61.25 SEAFOAM OWNER'S ASSOCIATION, INC. Principal Place of Business Mailing Address 812-814 FLEMING ST. 812-814 FLEMING ST. KEY WEST FL 33040 KEY WEST FL 33040 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/07) City & State City & State 4. FEI Number Applied For NO-T APPLICABLE Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent VIERS, ROBERT T 812 FLEMING ST. KEY WEST FL 33040 FLEMING ST. 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. 3.26.08 NANCE FRANK SIGNATURE Signature, typed or printed ered agent and title if applicable FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2008 Trust Fund Contribution. Added to Fees Florida Department of State mukradi i inizk kir ili 31 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 PKESIDENT TITLE 🚺 Delete TITLE ☐ Addition VIERS, ROBERT NANCE FRANK NAME NAME STREET ADDRESS 812 FLEMING ST STREET ADDRESS 817 FLEMING ST KEYWEST FL 33040 KEY WEST FL 33040 CITY-ST-ZIP CITY-ST-ZIP SEC/TREASURER TD Delete TITLE PETER VEY 812 FLEMINGST. KLYWODS, FL 330FC V. PRES. CHERYL ALLEE BOYLE HURD, GEORGE NAME NAME 812 FLEMING STREET STREET ADDRESS STREET ADDRESS KEY WEST FL 33040 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 812 FLEMING ST. CITY-ST-ZIP TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ACCRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition NAME NAME STREET AUDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: (

NANCE FRANK PRESIDENT 3.74.08

FILED