


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2004 08:00 AM
Secretary of State

DOCUMENT # N50110 1. Entity Name SEAWATCH NEIGHBORHOOD ASSOCIATION, INC.	
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Principal Place of Business 80 SEAWATCH DR SEAGROVE BCH, FL 32459	Mailing Address 80 SEAWATCH DR SEAGROVE BCH, FL 32459
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01172004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3131811	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**WRIGHT, WILLIAM E
80 SEA WATCH DR
SEAGROVE BEACH, FL 32459**

**DO NOT WRITE
IN THIS SPACE**

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 re-registering) DATE _____

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST PATERSON, CHARLES B 2611 FERNWAY DR MONTGOMERY, AL 36111
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COOK, AL 9419 DUNLIETH MONTGOMERY, AL 36117
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WRIGHT, WILLIAM E. 80 SEAWATCH DR SEAGROVE BEACH, FL 32459
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CROMMELIN, HARRIETT 44 SEAWATCH DRD SEAGROVE BEACH, FL 32459
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V COOK, DUDLEY 9419 DUNLIETH MONTGOMERY, AL 36117
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRAZER, NIM 628 THORN PLACE MONTGOMERY, AL 36108

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01/22/04-80017-008 61.25

**DO NOT WRITE
IN THIS SPACE**

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: Charles B. Paterson **1/20/04 3342693143**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #