


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2005 8:00 am
Secretary of State

02-03-2005 90047 049 ****61.25

DOCUMENT # N93000005048 1. Entity Name SEA PLACE III HOMEOWNERS ASSOCIATION, INC.	
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Principal Place of Business 5455 AIA S ST AUGUSTINE, FL 32080 US	Mailing Address 5455 AIA S ST AUGUSTINE, FL 32080 US
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50010151



01112005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3194355	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

MAY MANAGEMENT SERVICES INC.
5455 A1A SOUTH
ST AUGUSTINE, FL 32080

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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 reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2005	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	SD
NAME	HEANEY, MARIE
STREET ADDRESS	128 TIDEWATER DR
CITY-ST-ZIP	ST AUGUSTINE, FL
TITLE	DP
NAME	WILLIAMS, TOM
STREET ADDRESS	1772 SEA FAIR DR.
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32084
TITLE	DT
NAME	THULL, ELSIE
STREET ADDRESS	1756 SEA FAIR DR.
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32084
TITLE	D
NAME	THACKER, CHARLES
STREET ADDRESS	1780 SEA FAIR DR.
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32084
TITLE	VPD
NAME	SCHMIDT, CAL
STREET ADDRESS	1785 SEFAIR DR
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32080
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: *Elsie M. Thull* **1-28-05** **904-471-2358**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #