

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 04, 2008 8:00 am**  
**Secretary of State**

02-04-2008 90044 027 \*\*\*\*61.25

<b>DOCUMENT # N93000005048</b> 1. Entity Name <b>SEA PLACE III HOMEOWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>5455 AIA S</b> <b>ST AUGUSTINE, FL 32080 US</b>			Mailing Address <b>5455 AIA S</b> <b>ST AUGUSTINE, FL 32080 US</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip      Country		City & State  Zip      Country		4. FEI Number <b>59-3194355</b> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				01242008    Chg-NP      CR2E037 (12/06)	
<b>6. Name and Address of Current Registered Agent</b>  <b>MAY MANAGEMENT SERVICES INC.</b> <b>5455 A1A SOUTH</b> <b>ST AUGUSTINE, FL 32080</b>			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to</b> <b>Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>WILLIAMS, THOMAS</b> <input checked="" type="checkbox"/> Delete <b>1772 SEFAIR DRIVE</b> <b>SAINT AUGUSTINE, FL 32080</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Marie Frances Henry</b> <b>128 Tide Watch Dr</b> <b>St. Augustine, FL 32080</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <input checked="" type="checkbox"/> Delete <b>SCHMIDT, CAL</b> <b>1785 SEFAIR DRIVE</b> <b>SAINT AUGUSTINE, FL 32080</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Thomas Williams</b> <b>1772 Seafair Drive</b> <b>St. Augustine, FL 32080</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <input type="checkbox"/> Delete <b>BEDARD, ARTHUR</b> <b>1776 SEFAIR DR</b> <b>SAINT AUGUSTINE, FL 32080</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition   	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <input checked="" type="checkbox"/> Delete <b>HEANEY, MARIE FRANCES</b> <b>128 TIDEWATCH DR</b> <b>SAINT AUGUSTINE, FL 32080</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	   <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D/T</b> <input type="checkbox"/> Delete <b>THULL, ELSIE</b> <b>1756 SEFAIR DR</b> <b>SAINT AUGUSTINE, FL 32080</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition   	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>SCHMIDT, CAL</b> <b>1785 Seafair Drive</b> <b>St. Augustine, FL 32080</b>	
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.					
<b>SIGNATURE:</b> <u>Elsie M. Thull</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>1/30/08</u> <small>Date</small>		
<small>Daytime Phone #</small>					