

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2006 8:00 am**  
**Secretary of State**

05-03-2006 90256 008 \*\*\*\*61.25

<b>DOCUMENT # N93000005388</b>					
<b>1. Entity Name</b> SEABRIDGE NORTH CONDOMINIUM ASSOCIATION, INC.					
<b>Principal Place of Business</b> 3170 OCEAN SHORE BLVD. BOX 31 ORMOND BEACH, FL 32176 US			<b>Mailing Address</b> C/O ATLANTIC COMM. ASSN MGMT. 507-C HERBERT STREET PORT ORANGE, FL 32129 US		
<b>2. Principal Place of Business</b>			<b>3. Mailing Address</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		<b>4. FEI Number</b> 59-3224420	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  REIMER, R.L. 507-C HERBERT STREET PORT ORANGE, FL 32129			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City		
FL			Zip Code		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
Signature, typed or printed name of registered agent and title if applicable.					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> VPD <b>NAME</b> LUDLOW, MARLENE <b>STREET ADDRESS</b> 3170 OCEAN SHORE BLVD. # 504 <b>CITY-ST-ZIP</b> ORMOND BEACH, FL 32176	<input type="checkbox"/> Delete		<b>TITLE</b> D <b>NAME</b> Ludlow, Marlene <b>STREET ADDRESS</b> 3170 Ocean Shore Blvd #504 <b>CITY-ST-ZIP</b> Ormond Beach, FL 32176	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> PD <b>NAME</b> HUNT, BOB <b>STREET ADDRESS</b> 3170 OCEAN SHORE BLVD. #304 <b>CITY-ST-ZIP</b> ORMOND BEACH, FL 32176	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> P/D <b>NAME</b> Severini, Janice <b>STREET ADDRESS</b> 3180 Ocean Shore Blvd # 509 <b>CITY-ST-ZIP</b> Ormond Beach, FL 32176	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> STD <b>NAME</b> HADDEN, MICHAEL <b>STREET ADDRESS</b> 3180 OCEAN SHORE BLVD # 213 <b>CITY-ST-ZIP</b> ORMOND BEACH, FL 32176	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> SMITH, JAMES GRADY <b>STREET ADDRESS</b> 3552 LAKE CARLTON ROAD <b>CITY-ST-ZIP</b> LOGANVILLE, GA 30052	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> D <b>NAME</b> Makely, William <b>STREET ADDRESS</b> 3170 Ocean Shore Blvd #406 <b>CITY-ST-ZIP</b> Ormond Beach, FL 32176	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> EMERY, BETTY <b>STREET ADDRESS</b> 35544 ESTES ROAD <b>CITY-ST-ZIP</b> EUSTIS, FL 32736	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> VP/D <b>NAME</b> Emery, Betty <b>STREET ADDRESS</b> 35544 Estes Rd <b>CITY-ST-ZIP</b> Eustis, FL 32736	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<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>					
<b>SIGNATURE:</b> <i>Janice M. Severini</i>			Date: 4/18/06		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					