

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 30, 2006 8:00 am
Secretary of State

03-30-2006 90025 012 ****61.25

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1. Entity Name

SEA CHASE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

9577 GULF SHORE DRIVE
NAPLES FL 34108
US

Mailing Address

9577 GULF SHORE DRIVE
NAPLES FL 34108
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0506814

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st-MOORE

CR2E037 (10/05)



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ADAMS, JOSEPH E ESQ
BANK OF AMERICA CENTER
4501 TAMiami TRAIL NORTH, SUITE 214
NAPLES FL 34103-0000

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE T ☐ Delete
NAME ALLEN, T. LEWIS
STREET ADDRESS 117 CASTLE RIDGE DR
CITY-ST-ZIP BATTLE CREEK MI 49015

TITLE PRESIDENT ☒ Change ☐ Addition
NAME ALLEN, T. LEWIS
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME MANRIN, RAINS DR
STREET ADDRESS 8750 WALNUT GROVE DR
CITY-ST-ZIP CORDOVA TN 38018

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VPD ☐ Delete
NAME DEWITT, WILLIAM DR
STREET ADDRESS 118 E VALLETTE STREET
CITY-ST-ZIP ELMHURST IL 60126

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S ☐ Delete
NAME WITHERSPOON, MARTHA
STREET ADDRESS 8907 PLAYERS CIRCLE
CITY-ST-ZIP MEMPHIS TN 38125

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PD ☒ Delete
NAME DIEPENHORST, SCOTT
STREET ADDRESS 8885 CEDAR LAKE DR
CITY-ST-ZIP JENISON MI 49428

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TREASURER ☐ Change ☒ Addition
NAME SMITH, NINA
STREET ADDRESS 13 STORNOWAY RD
CITY-ST-ZIP CUMBERLAND FORESIDE, ME. 04110

12. I hereby 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: *Nina A Smith* Nina A Smith

3-22-06 239-591-1981

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #