2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 28, 2007 8:00 am
Secretary of State
03-28-2007 90016 017 ****61.25

DOCUMENT # N94000003778

1. Entity Name

SEA CHASE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
9577 GULF SHORE DRIVE NAPLES FL 34108 US	9577 GULF SHORE DRIVE NAPLES FL 34108 US

1st MOORE CR2E037 (10/06)

2. Principal Place of Business - No P.O. Box #	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

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 _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25
Due By May 1, 2007

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P ALLEN, T. LEWIS 117 CASTLE RIDGE DR BATTLE CREEK MI 49015	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P SMITH, NINA 13 STORNOWAY ROAD CUMBERLAND FORESIDE, ME 04110	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MANRIN, RAINS DR 8750 WALNUT GROVE DR CORDOVA TN 38018	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RENDENOK, RANDY 3609 VINEYARD SPRING COURT ROCHESTER HILLS, MI 48306	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD DEWITT, WILLIAM DR 118 E VALLETTE STREET ELMHURST IL 60126	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S WITHERSPOON, MARTHA 8907 PLAYERS CIRCLE MEMPHIS TN 38125	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S ALLEN, T. LEWIS 117 CASTLE RIDGE DR. BATTLE CREEK, MI 49015	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T SMITH, NINA 13 STORNOWAY ROAD CUMBERLAND FORESIDE ME 04110	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T NASH, JOHN 3660 WOODSIDE DR. COLUMBUS, IN 47203	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: James Madsen JAMES MADSEN, MANAGER 3/8/07 239-641-0022

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #