

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90205 001 ****61.25

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1. Entity Name
SEYCHELLES COMMUNITY ASSOCIATION, INC.



Principal Place of Business
108 SEYCHELLES COURT
ST AUGUSTINE, FL 32080

Mailing Address
P.O. BOX 2210
ST. AUGUSTINE, FL 32085-2210 US

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

04282008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-3391319

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

BAMBERG, JONATHAN B
109 SEYCHELLES COURT
ST. AUGUSTINE, FL 32080

Name
DONNA E MIANI
Street Address (P.O. Box Number is Not Acceptable)
112 SEYCHELLES COURT
City
ST AUGUSTINE FL Zip Code
32080

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 Donna E. Miani 4-27-08
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, 2008

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
D
JONATHAN, BAMBERG B
109 SEYCHELLES COURT
ST. AUGUSTINE, FL 32080 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DONNA E MIANI
112 SEYCHELLES CT
ST AUGUSTINE FL 32080 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DST
MIANI, DONNA
112 SEYCHELLES COURT
ST AUGUSTINE, FL 32080 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
JONATHAN B BAMBERG
109 SEYCHELLES CT
ST AUGUSTINE FL 32080 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
PETERS, JAMES J
108 SEYCHELLES COURT
ST. AUGUSTINE, FL 32080 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
BRIDGET PETERS
108 SEYCHELLES CT
ST AUGUSTINE FL 32080 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HARDY, BEVERLY
117 SEYCHELLES COURT
ST. AUGUSTINE, FL 32080 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CHRISTINE GREEN
2032 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CHRISTINE GREEN
2032 NW 62ND AVENUE
ALACHUA FL 32615 ☐ 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 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.

SIGNATURE: Donna E. Miani 4-27-08 904-471-8928
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #