## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N96000003564

City-St-Zip:

READING, PA 19601

FILED Mar 14, 2008 Secretary of State

Entity Name: SEA PEARL OF BREVARD CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 2180 W. SR 434, STE, 5000 LONGWOOD, FL 327795044 US **Current Mailing Address: New Mailing Address:** 2180 W. SR 434, STE, 5000 LONGWOOD, FL 327795044 US FEI Number: 59-3425113 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HART, JAMES W JR C/O SENTRY MANAGEMENT INC 2180 W. SR 434, STE. 5000 LONGWOOD, FL 327795044 US 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition ROBERTS, LOIS Name: Name: 1575 NORTH HIGHWAY A1A #512 Address: Address: City-St-Zip: INDIALANTIC, FL 32903 City-St-Zip: Title: ( ) Delete Title: (X) Change ( ) Addition CALLAHAN, JOHN Name: CARTER, DANIEL Name: Address: 1575 NORTH HIGHWAY A1A #812 Address: 13490 OLD LIVINGSTON RD City-St-Zip: INDIALANTIC, FL 32903 City-St-Zip: NAPLES, FL 34109 Title: Title: VPD (X) Change ( ) Addition () Delete FRITZ, JACK FRITZ, JACK Name: Name: 1575 N. HWY A1A #211 Address: Address: 1575 N. HWY A1A #211 City-St-Zip: INDIALANTIC, FL 32903 City-St-Zip: INDIALANTIC, FL 32903 Title: TD () Delete Title: (X) Change ( ) Addition Name: STATON, HAL Name: STATON, HAL 2659 BROOK VALLEY RD 2659 BROOK VALLEY RD Address: Address: City-St-Zip: FREDERICK, MD 21701 City-St-Zip: FREDERICK, MD 21701 Title: () Delete Title: (X) Change ( ) Addition ROHRER, CHARLIE ROHRER, CHARLIE Name: Name: 416 N TULPEHOCKEN RD 416 N TULPEHOCKEN RD Address: Address:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

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SIGNATURE: LOIS ROBERTS PD 03/14/2008