



2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 17, 2004 08:00 AM
Secretary of State

DOCUMENT # N97000006190 1. Entity Name THE SOUTHERN ESTUARY ASSOCIATION, INC.	
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Principal Place of Business 1391 ORANGE STREET CLEARWATER, FL 33756-3512	Mailing Address 1391 ORANGE STREET CLEARWATER, FL 33756-3512
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DO NOT WRITE IN THIS SPACE

	
05122004 No Chg-NP	CR2E037 (10/03)
4. FEI Number 59-3478187	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SCHERMERHORN, DAVID 1391 ORANGE STREET CLEARWATER, FL 33756-3512	<p style="text-align: center; font-size: 24pt; font-weight: bold;">DO NOT WRITE IN THIS SPACE</p>
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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 _____ (NOTE: Registered Agent signature required when reissuing) DATE _____

Filing Fee is \$61.25 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000160513 05/17/04-80001-007 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPST SCHERMERHORN, DAVID 1391 ORANGE STREET CLEARWATER, FL 337563512
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HEPBURN, TERRI 249 WINDWARD PASSAGE CLEARWATER, FL 33767
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T MITCHELL, ROBERT 117 OAKWOOD DR LARGO, FL 33770
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE
IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: David Schermerhorn 5/17/04 727-461-1101
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #