2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2006
Secretary of State

DOCUMENT# N98000001332

Entity Name: SEA ISLE VILLAS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1904 GULF BLVD
INDIAN ROCKS BEACH, FL 33785 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 618
BAY PINES, FL 33744 US

New Mailing Address:

FEI Number: 59-3476316 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CERCEK, LISA
19455 GULF BLVD
INDIAN ROCKS BEACH, FL 33785 US

Name and Address of New Registered Agent:

CERCEK, LISA
19455 GULF BLVD
8A
INDIAN ROCKS BEACH, FL 33785 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: LISA CERCEK 02/14/2006
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: RODRIGUEZ, RALPH
Address: 1904 GULF BLVD D
City-St-Zip: INDIAN ROCK BCH, FL 33785

Title: VPD ( ) Delete
Name: VALENTI, JOE
Address: 1904 GULF BLVD L
City-St-Zip: INDIAN ROCKS BCH, FL 33785

Title: PD ( ) Delete
Name: DELFINO, RAY
Address: 1904 GULF BLVD I
City-St-Zip: INDIAN ROCKS BEACH, FL 33785

Title: T ( ) Delete
Name: RODRIGUEZ, CHRIS
Address: 1904 GULF BLVD C
City-St-Zip: INDIAN ROCKS BCH, FL 33785

Title: D ( ) Delete
Name: DESAURSE, DAVID
Address: 1904 GULF BLVD A
City-St-Zip: INDIAN ROCKS BCH, FL 33785

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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.

SIGNATURE: RAY DELFINO PD 02/14/2006
Electronic Signature of Signing Officer or Director Date