


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90495 048 \*\*\*\*61.25

<b>DOCUMENT # N99000000406</b> 1. Entity Name SEA MIST COURT OWNERS ASSOCIATION, INC.					
Principal Place of Business 3355 OCEAN DRIVE VERO BEACH, FL 32963			Mailing Address 3355 OCEAN DRIVE VERO BEACH, FL 32963		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01062005    Chg-NP    CR2E037 (10/03)	
Zip		Country		4. FEI Number 59-3576407	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional - Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
COFFEY, GERALD 2125 SEA MIST COURT VERO BEACH, FL 32963				Name <b>DOUG NECESSARY</b> Street Address (P.O. Box Number is Not Acceptable) <b>2151 SEA MIST CT.</b> City <b>VERO BEACH</b> FL <b>32963</b>	
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 <i>Douglas H. Necessary</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <b>4/13/05</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> 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	PD COFFEY, GERALD 2125 SEA MIST COURT VERO BEACH, FL 32963	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT SENNE RACHEL 2150 Sea Mist Ct Vero Beach, FL 32963
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MECESSARY, DOUGLAS 2151 SEA MIST COURT VERO BEACH, FL 32963	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Necessary, Doug
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SCRANTON, SAMUEL 2161 SEA MIST COURT VERO BEACH, FL 32963	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Scranton, Samuel
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Douglas H. Necessary</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE <b>4/13/05</b> (772) 234-1639 <small>Date                      -Daytime Phone *</small>	