## FILED Apr 28, 2005 8:00 am Secretary of State

386-427-3551 Daytime Phone #

## 2005 FOR PROFIT CORPORATION

ANNOAL REPORT							04-28-2005	90157 0	020 ***15	0.00	
DOCUMENT # P03000017489  1. Entity Name SEA COAST GARDENS III RENTAL ASSOCIATION, INC.						,					
Principal Place of Business Mailing Address											
4153 S ATL		4153 S ATLANTIC AVE				14002931					
	A BCH, FL 32169	NEW SMYRNA BCH, FL 32169				14002001					
Principal Place of Business     3. Mailing Address				<del>.</del>							
•		Suite, Apt. #, etc.					<u> </u>	LI ABIBI REE JE	14 1) 16 11 11 11 16 16 16 16 16 16 16 16 16		
Suite, Apt. #, etc.  City & State		City & State				04252005 4. FEI Numbe	Chg-P	CR2E0	)34 (10/03)	plied For	
Oily G Ciai	O	Oily & Glate				02-068			<u> </u>	t Applicable	
Zip	Country Zip		Country			5. Certificate	of Status Desired		\$8.75 Add Fee Required		
	6. Name and Address of Current F	Registered Agent	red Agent			7. Name and Address of New Registered Agent					
					Name						
415 CANA	V, ROBERT S ESQ I ST		Street Address (P.O. Box Number is Not Acceptable)								
	RNA BCH, FL 32163										
	. C	. •		City	<u> </u>			FL	Zip Code	9	
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_	Signature, typed or printed name of registered agent a	Agent signatur	beriuper er	when reinstating)		DATE					
	E NOW!!!   FEE IS \$150.00 ay 1, 2005 Fee will be \$550.0			icing		00 May Be ed to Fees					
10.	OFFICERS AND D	DIRECTORS	11,			ADDITIONS/	CHANGES TO OFF	ICERS AND	DIRECTORS	S IN 11	
TITLE	DS. Z Delete		TITLE		DP				☐ Change	<b>⊠</b> Addition	
NAME	FRYER, RICHARD		NAME		WARNER, STEVEN						
STREET ADORESS CITY-ST-ZIP	S   PO BOX 2813   WINTER PARK, FL 327902813			ET ADDRESS -ST-ZIP	851 BENCHWOOD DRIVE WINTER SPRINGS, FL 32708						
			-			LIC DI INITIOO,		<del></del>		l <b>⊠</b> a auri	
TITLE NAME	DT    Relete   Relete		TITLE		D LUCAS, PAUL				Change .	Addition	
STREET ADDRESS	1014 TUFTON COVE		STREET ADDRESS		169 H	IGHVIEW DR					
CFTY-ST-ZIP	HEATHROW, FL 32746		CITY-	ST-ZIÝ	MAGG	MAGGIE VALLEY, NC 28751					
TITLE .	DT Delete T				DT 🔀 Ch					Addition	
NAME CTREET ADDRESS	HAMRICK, GEORGE				FRIEDMAN, GEORGE 1014 TUFTON COVE						
STREET ADDRESS CITY-ST-ZIP	37246 OAK LANE UMATILLA, FL 32784				HEATHROW, FL 32746						
TITLE	D	☐ Delete	IIILE		DS	· · · · · ·			Change	Addition	
NAME	KARLO, SEAN		NAME			R, RICHARD					
STREET ADDRESS	4153 SOUTH ATLANTIC AVE # 312		1	ET ADDRESS	4153 S ATLANTIC AVE., #104 NEW SMYRNA BEACH, FL 32169						
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 3216 DB	9 🗀 Delete	TITLE	-ST-ZIP	INEVV.	SPITKINA DEA	CH, FL 32109		Change	Addition	
NAME	GRANSTROM, ROBERT	LI Delete	NAME						[_] Orange	nounce	
STREET ADDRESS	6941 SOUTH ATLANTIC AVE		STREE	ET ADDRESS							
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 3216		CITY-	ST-ZIP							
TITLE NAME		☐ Delete	TITLE	- 1					☐ Change	Addition	
STREET ADDRESS			1	T ADDRESS							
CITY-ST-ZIP			1	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 607, 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: PAUL LUCAS 4/26/05 386-427-3551											
J. W. 1711	SIGNATURE AND TYPED OR PR	INTED NAME OF SIGNING OFFICER O	R DIRECTO	OR		114	Date	ا سیال ب	Daytime Phone #	<del></del>	