

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 03, 2004 8:00 am
Secretary of State

08-03-2004 90005 036 ****61.25

DOCUMENT # 766716



1. Entity Name
SEABURY POINT PROPERTY OWNER'S ASSOCIATION, INC.

Principal Place of Business
**1690 SEABURY POINT RD. NW
 PALM BAY, FL 32907 US**

Mailing Address
**1690 SEABURY POINT RD. NW
 1637 SEABURY POINT ROAD, N.W.
 PALM BAY, FL 32907 US**

54066465



2. Principal Place of Business
1634 SEABURY POINT RD. NW

3. Mailing Address
1634 SEABURY POINT RD. NW

06302004 Chg-NP CR2E037 (10/03)

City & State
PALM BAY, FL

City & State
PALM BAY, FL

4. FEI Number
NOT APPLICABLE

Applied For
 Not Applicable

Zip Country
32907 USA

Zip Country
32907 USA

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**APSEY, ROBERT
 1690 SEABURY POINT RD. NW
 PALM BAY, FL 32907**

7. Name and Address of New Registered Agent

Name **STIVER, JAMES**
 Street Address (P.O. Box Number is Not Acceptable)
1634 SEABURY POINT RD. NW
 City **PALM BAY** **FL** Zip Code **32907**

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 James A. Stiver **James A. Stiver** 7/20/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
 Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 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 APSEY, ROB 1690 SEABURY POINT RD. NW PALM BAY, FL 32907 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STIVER, JIM 1634 SEABURY POINT RD. NW PALM BAY, FL 32907 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD KARNER, CEM 1690 SEABURY PT. RD. N.W. PALM BAY, FL 32907 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD STIVER, JIM 1690 SEABURY PT. RD. N.W. PALM BAY, FL 32907 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD VOELKEL, SUSAN 1651 SEABURY PT. RD. N.W. PALM BAY, FL 32907 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SOLID, KELLY 1676 SEABURY POINT RD. NW PALM BAY, FL 32907 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: James A. Stiver **James A. Stiver** 7/20/04 321-729-7359
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #