

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2005 8:00 am
Secretary of State

04-12-2005 90143 012 ****61.25

DOCUMENT # 763738					
1. Entity Name SEASIDE HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business P O BOX 4957 SANTA ROSA BCH., FL 32459			Mailing Address P O BOX 4957 SANTA ROSA BCH., FL 32459		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2581325	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MCFARLAND, CONNIE SEASIDE/ HOLL BLDG C 30 A SANTA ROSA BCH, FL 32459			Name <u>Timothy J Brooks</u> Street Address (P.O. Box Number is Not Acceptable) <u>121 Central Square Suite #C</u> City <u>Santa Rosa Beach</u> FL Zip Code <u>32459</u>		
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 <u>Timothy J Brooks</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			<u>Timothy J Brooks</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$61.25 Due by May 1, 2005			9. Election Campaign Financing <input type="checkbox"/> \$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 PD NAME NOONAN, BRUCE STREET ADDRESS 3810 PLAZA ST CITY - ST - ZIP COCONUT GROVE, FL 33133	<input checked="" type="checkbox"/> Delete		TITLE PD NAME Braga, Joseph STREET ADDRESS 84 TUPELO ST CITY - ST - ZIP SEASIDE, FL 32459	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME FREEMAN, JIM STREET ADDRESS 216 GLENARNOCK ROAD CITY - ST - ZIP TRYON, NC 28782	<input checked="" type="checkbox"/> Delete		TITLE VD NAME Candee, Sissie STREET ADDRESS 146 LIVE OAK CITY - ST - ZIP SEAGROVE, FL 32459	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE ST NAME HORNE, TIM STREET ADDRESS 13910 MILLINGTON RD CITY - ST - ZIP COLUMBUS, GA 31904	<input checked="" type="checkbox"/> Delete		TITLE S NAME Rice, Sally STREET ADDRESS 3202 S. Delaware Place CITY - ST - ZIP TULSA, OK 74105	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE V NAME WILDER, SUSAN STREET ADDRESS 1699 SPRINGCREEK RD CITY - ST - ZIP MONTEVALLO, AL 35115	<input checked="" type="checkbox"/> Delete		TITLE T NAME Shriver, Sally STREET ADDRESS 4242 Arbor Club Dr CITY - ST - ZIP Marietta, GA 30066	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME BRAGA, JOSEPH STREET ADDRESS 84 TUPELO STREET CITY - ST - ZIP SEASIDE, FL 32459	<input type="checkbox"/> Delete		TITLE D NAME Proctor, Mary Frances STREET ADDRESS 115 Shoreline Dr CITY - ST - ZIP Gulf Breeze, FL 32561	<input type="checkbox"/> Change <input checked="" 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: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>04-04-05</u> Daytime Phone # <u>850-231-1551</u>		