## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 763738** 

Apr 25, 2006 Secretary of State

Entity Name: SEASIDE I HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 

P O BOX 4957

SANTA ROSA BCH., FL 32459

**Current Mailing Address: New Mailing Address:** 

P O BOX 4957

SANTA ROSA BCH., FL 32459

FEI Number: 59-2581325 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BROOKS, TIMOTHY J NEWMAN, RAYMOND F JR

121 CENTRAL SQUARE STE C 348 MIRACLE STRIP PARKWAY SW SANTA ROSA BCH, FL 32459 PARADISE VILLAGE SUITE 7 US

FORT WALTON BEACH, FL 32548 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: RAYMOND F NEWMAN, JR 04/25/2006

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

PD () Delete (X) Change ( ) Addition

BRAGA, JOSEPH SHRIVER, SALLY Name: Name: 84 TUPELO ST Address: 4272 ARBOR CLUB DRIVE Address: City-St-Zip: SEASIDE, FL 32459 City-St-Zip: MARIETTA, GA 30066

Title: VD Title: (X) Change ( ) Addition ( ) Delete

CANALE, SISSIA Name: CANALE, SISSIE Name: Address: 144 LIVE OAK Address: 1594 PEABODY AVENUE City-St-Zip: SEAGROVE, FL 32459 City-St-Zip: MEMPHIS, TN 38104

Title: Title: STD ( ) Delete (X) Change ( ) Addition

RICE, SALLY RICE, SALLY Name: Name:

3202 S DELAWARE PLACE 3202 S DELAWARE PLACE Address: Address:

City-St-Zip: TULSA, OK 74105 City-St-Zip: TULSA, OK 74105

(X) Change ( ) Addition Title: ( ) Delete Title: D

Name: SHRIVER, SALLY Name: TUCKER, KAREN 93 TUPELO STREET 4272 ARBOR CLUB DRIVE Address: Address:

MARIETTA, GA 30066 City-St-Zip: SANTA ROSA BEACH, FL 32459

City-St-Zip:

Title: () Delete Title: (X) Change ( ) Addition

BRAGA, JOSEPH PROCTOR, MARY F Name: Name: **84 TUPELO STREET** 115 SHORELINE DRIVE Address: Address: City-St-Zip: SEASIDE, FL 32459 City-St-Zip: GULF BREEZE, FL 32561

Title: (X) Delete Title: () Change () Addition

PROSTON, MARY FRANCES Name: Name: Address: 115 SHORELINE DRIVE Address: GULF BREEZE, FL 32561 City-St-Zip: 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: SALLY SHRIVER PD 04/25/2006