2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State
04-28-2004 90300 018 ****61.25

DOCUMENT # 769548

1. Entity Name
SEASIDE OF VILANO CONDOMINIUM ASSN., INC.

Principal Place of Business	Mailing Address
3385 COASTAL HIGHWAY SAINT AUGUSTINE, FL 32084	PO BOX ~~4306~~ 840180 SAINT AUGUSTINE, FL 32085

04222004 Chg-NP CR2E037 (10/03)

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 59-2337279 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

COLE, PHILLIP
3385 COASTAL HWY #2
SAINT AUGUSTINE, FL 32084

7. Name and Address of New Registered Agent

Name: Dena Tuten
Street Address (P.O. Box Number is Not Acceptable): 5495 A1A South
City: St. Augustine
FL Zip Code: 32080

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: Dena Tuten - Dena Tuten - administrator DATE: 4/22/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 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 WATSON, RAY 3385 COASTAL HWY #17 SAINT AUGUSTINE, FL 32084	☒ Delete	President-D CHRISTOPHER KEATING 3385 N. COASTAL HWY #22 ST. AUGUSTINE, FL 32084	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MANGUM, MARGARET 3385 COASTAL HWY. #3 SAINT AUGUSTINE, FL 32084	☒ Delete	TREASURER-D LOUIS HOLMAN 3385 N. COASTAL HWY #20 ST. AUGUSTINE, FL 32084	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD FISHER, TOM 3385 COASTAL HWY. #23 SAINT AUGUSTINE, FL 32084	☒ Delete	SECRETARY-D SHARON HAGMAN 3385 N. COASTAL HWY #24 ST. AUGUSTINE, FL 32084	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HOLMAN, LOUIS 3385 COASTAL HWY. #20 SAINT AUGUSTINE, FL 32084	☒ Delete	DIRECTOR PETER MOLINARO 3385 N. COASTAL HWY #26 ST. AUGUSTINE, FL 32084	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS BRENDA, BRITT 3385 COASTAL HWY #8 SAINT AUGUSTINE, FL 32084	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ 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: PRESIDENT CHRISTOPHER C KEATING 4-23-2004 9048272057
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #