

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2006 8:00 am
Secretary of State

03-14-2006 90015 020 ***150.00

DOCUMENT # L77875

1. Entity Name
SEAVIEW VACATIONS, INC.



Principal Place of Business
14700 GULF BLVD.
MADEIRA BEACH, FL 33708 US

Mailing Address
14700 GULF BLVD.
MADEIRA BEACH, FL 33708 US



01172006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3013130

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

KING, SUSAN
14700 GULF BLVD.
MADEIRA BEACH, FL 33708

**DO NOT WRITE
IN THIS SPACE**

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 and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	CLARK, THOMAS
STREET ADDRESS	1063 LONGRUN RD
CITY-ST-ZIP	MCKEESPORT, PA 15132
TITLE	D
NAME	CLARK, THOMAS JR
STREET ADDRESS	1063 LONGRUN RD
CITY-ST-ZIP	MCKEESPORT, PA 15132
TITLE	D
NAME	KROGEL, JOHN Allen Hill
STREET ADDRESS	20779 KING ROAD 234 White Perimeter Dr
CITY-ST-ZIP	CARNAVILLE, IA 52049 Blois Park, IL 60461
TITLE	T
NAME	NEDENIK, LOU
STREET ADDRESS	701 D BURR OAK LN.
CITY-ST-ZIP	PROSPECT HTS, IL 60070
TITLE	S
NAME	KRAMER, LEROY
STREET ADDRESS	27685 BUTLER CENTER RD.
CITY-ST-ZIP	CLARKSVILLE, IA 50619
TITLE	VP
NAME	MCCANDLESS, TIM
STREET ADDRESS	3025 GREENE RD.
CITY-ST-ZIP	GREENE, IA 50636

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

✓ 2.2.06

Date

23923741

Daytime Phone #