

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L77875

FILED
Apr 09, 2009
Secretary of State

Entity Name: SEAVIEW VACATIONS, INC.

Current Principal Place of Business:

14700 GULF BLVD.
MADEIRA BEACH, FL 33708 US

New Principal Place of Business:

Current Mailing Address:

14700 GULF BLVD.
MADEIRA BEACH, FL 33708 US

New Mailing Address:

FEI Number: 59-3013130 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CLARK, THOMAS
Address: 1063 LONGRUN RD
City-St-Zip: MCKEESPORT, PA 15132

Title: D () Delete
Name: CLARK, THOMAS JR
Address: 1063 LONGRUN RD
City-St-Zip: MCKEESPORT, PA 15132

Title: D () Delete
Name: HILL, ALLEN
Address: 2241 WHISPERING LK DR
City-St-Zip: PALOS PARK, IL 60464

Title: T () Delete
Name: NEDENIK, LOU
Address: 701 D BURR OAK LN.
City-St-Zip: PROSPECT HTS, IL 60070

Title: S () Delete
Name: KRAMER, LEROY
Address: 27685 BUTLER CENTER RD.
City-St-Zip: CLARKSVILLE, IA 50619

Title: VP () Delete
Name: MCCANDLESS, TIM
Address: 3025 GREENE RD.
City-St-Zip: GREENE, IA 50636

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: SEALE, TIM
Address: 1063 LONGRUN RD.
City-St-Zip: MCKEESPORT, PA 15132

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TOM CLARK

P

04/09/2009

Electronic Signature of Signing Officer or Director

_____ Date