## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **Secretary of State** DOCUMENT # N09715 03-15-2004 90061 019 \*\*\*\*61.25 THE VILLAGES OF SEAPORT CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 8850 NORTH ATLANTIC AVENUE 120 N SEAPORT BLVD CAPE CANAVERAL, FL 32920 CAPE CANAVERAL, FL 32920 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03092004 Chq-NP CR2E037 (10/03) City & State 4. FEI Number 59-2761372 Applied For City & State Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BECKER & POLIAKOFF, P.A Street Address (P.O. Box Number is Not Acceptable) % C JOHN CHRISTENSEN, ESQ. 500 WINDERLEY PL #104 MAITLAND, FL 32751 Cit Zip Code 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2004 Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 PD Delete Addition TITLE TIFLE LACKSTROM, DAVE MANAF NAME STREET ADDRESS 432 BEACH PARK LANE STREET ADDRESS CITY-ST-ZIP CAPE CANAVERAL, FL 32920 CITY-ST-ZIP VPD Delete Change Addition TITLE CREGG, ROBERT NAME STREET ADDRESS 114 BEACH PARK LANE STREET ADDRESS CITY-ST-ZIP CAPE CANAVERAL, FL 32920 CITY-ST-ZIP 7ITI F ☐ Delete TITLE ☐ Change ☐ Addition HARTON, ROBERT NAME 163 SEAPORT BLVD == -STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CAPE CANAVERAL, FL 32920 CITY-ST-ZIP Delete Addition TITLE TITLE Change Dudeck, Dick ALLEN, DEBORAH NAME MANE STREET ADDRESS 411 SEAPORT BLVD STREET ADDRESS CITY-ST-ZIP CAPE CANAVERAL, FL 32920 CITY-ST-ZIP TITLE ĎТ Delete TITLE ☐ Change ☐ Addition COX, BARRY NAME NAME 547 N SEAPORT BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CAPE CANAVERAL, FL 32920 CITY-ST-7IP Delete ☐ Change Addition DITE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 ceth; 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 attachgent with an address, with all other like empowered.

David Lackstrom 03-10-04

FILED

Mar 15, 2004 8:00 am