

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09715

FILED  
Jan 10, 2007  
Secretary of State

**Entity Name:** THE VILLAGES OF SEAPORT CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

8850 NORTH ATLANTIC AVENUE  
CAPE CANAVERAL, FL 32920

**New Principal Place of Business:**

**Current Mailing Address:**

120 N SEAPORT BLVD  
CAPE CANAVERAL, FL 32920 US

**New Mailing Address:**

**FEI Number:** 59-2761372

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BECKER & POLIAKOFF, P.A.  
% C JOHN CHRISTENSEN, ESQ  
2500 MAITLAND CENTER PKWY, #209  
MAITLAND, FL 32751 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

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: OLIVE, JOHN  
Address: 218 SEAPORT BLVD  
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: VPD ( ) Delete  
Name: DUDECK, DICK  
Address: 428 N SEAPORT BLVD  
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: SEC ( ) Delete  
Name: HEALEY, DOROTHY  
Address: 137 SEAPORT BLVD  
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: TREA ( ) Delete  
Name: WALSH, BETTY  
Address: 140 N SEAPORT BLVD  
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: D ( ) Delete  
Name: JONES, WM D CORKY  
Address: 225 SEAPORT BLVD  
City-St-Zip: CAPE CANAVERAL, FL 32920

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: SEC (X) Change ( ) Addition  
Name: EDWARDS, THOMAS  
Address: 600 N. SEAPORT BLVD  
City-St-Zip: CAPE CANAVERAL, FL 32920

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 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: JOHN OLIVE

PD

01/10/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date