

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N30292

FILED  
Feb 28, 2005  
Secretary of State

Entity Name: SEAPORT MASTER ASSOCIATION, INC.

**Current Principal Place of Business:**

VILLAGES OF SEAPORT  
8850 N. ATLANTIC AVE.  
CAPE CANAVERAL, FL 32920 US

**New Principal Place of Business:**

**Current Mailing Address:**

120 N SEAPORT BLVD  
CAPE CANAVERAL, FL 32920 US

**New Mailing Address:**

FEI Number: 59-2761375      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

BECKER & POLIAKOFF, PA  
C/O C JOHN CHRISTENSEN, ESQ  
500 WINDERLEY PL, SUITE 104  
MAITLAND, FL 32751 US

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

BECKER & POLIAKOFF, PA  
C/O C JOHN CHRISTENSEN, ESQ  
2500 MAITLAND CENTER PKWY, #209  
MAITLAND, FL 32751 US

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

02/28/2005

Date

**OFFICERS AND DIRECTORS:**

Title: VD ( ) Delete  
Name: SIMMONS, BRIAN  
Address: 777 N. A1A SUITE 201  
City-St-Zip: INDIALANTIC, FL 32903

Title: PD ( ) Delete  
Name: LOCKSTROM, DAVE  
Address: 432 BEACH PARK LN.  
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: STD ( ) Delete  
Name: HARTON, ROBERT  
Address: 163 SEABORT BLVD.  
City-St-Zip: CAPE CANAVERAL, FL 32920

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

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

Title: PD (X) Change ( ) Addition  
Name: LACKSTROM, DAVE  
Address: 432 BEACH PARK LN.  
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: STD (X) Change ( ) Addition  
Name: DUDECK, RICHARD  
Address: 428 N. SEAPORT BLVD.  
City-St-Zip: CAPE CANAVERAL, FL 32920

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DAVE LACKSTROM

Electronic Signature of Signing Officer or Director

PRES

02/28/2005

Date