# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

### DOCUMENT# N30292

FILED Apr 03, 2006 Secretary of State

Entity Name: SEAPORT MASTER ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 

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

**New Mailing Address: Current Mailing Address:** 

120 N SEAPORT BLVD

CAPE CANAVERAL, FL 32920 US

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

Name and Address of Current Registered Agent: 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:

Date

## Electronic Signature of Registered Agent

#### **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change ( ) Addition () Delete SIMMONS, BRIAN OLIVE, JACK JOHN Name: Name: 777 N. A1A SUITE 201 Address: 218 SEAPORT BLVD Address: City-St-Zip: INDIALANTIC, FL 32903 City-St-Zip: CAPE CANAVERAL, FL 32920

Title: PD Title:

(X) Change ( ) Addition () Delete LACKSTROM, DAVE Name: Name: WARZALA, GREG

Address: 432 BEACH PARK LN. Address: 816 MYSTIC VISTAS UNIT A201 City-St-Zip: CAPE CANAVERAL, FL 32920 City-St-Zip: CAPE CANAVERAL, FL 32920

Title: STD () Delete Title: STD (X) Change ( ) Addition

DUDECK, RICHARD Name: DUDECK, DICK Name: 428 N.SEAPORT BLVD. 428 N.SEAPORT BLVD. Address: Address: City-St-Zip: CAPE CANAVERAL, FL 32920 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 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: HOLLY TOMLINSON **GM** 04/03/2006