

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000002569

FILED  
Mar 28, 2008  
Secretary of State

Entity Name: SEASIDE AT BELLEAIR I CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

ONE SEARSIDE LN.  
CLEARWATER, FL 33756 US

**New Principal Place of Business:**

**Current Mailing Address:**

7300 PARK ST.  
SEMINOLE, FL 337774601 US

**New Mailing Address:**

FEI Number: 59-3206211      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

REINHARDT, DEBRA  
RESOURCE MANGEMENT, INC.  
7300 PARK ST.  
SEMINOLE, FL 337774601 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: GRIFFITH, ALLEN  
Address: ONE SEASIDE LANE #702  
City-St-Zip: BELLEAIR, FL 33756

Title: S ( ) Delete  
Name: BICHEMER, NANCY  
Address: ONE SEASIDE LANE  
City-St-Zip: BELLEAIR, FL 33756

Title: T ( ) Delete  
Name: HARRISON, RICHARD  
Address: ONE SEA SIDE LANE # 204  
City-St-Zip: BELLEAIR, FL 33756

Title: D ( ) Delete  
Name: WELLS, JOSEPH  
Address: ONE SEA SIDE LANE #503  
City-St-Zip: BELLEAIR, FL 33756

Title: D ( ) Delete  
Name: LANGENBERG, FRED  
Address: ONE SEA SIDE LANE #404  
City-St-Zip: BELLEIAR, FL 33756

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

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

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

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALAN GRIFFITH

PD

03/28/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date