

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000003005

FILED  
Apr 10, 2006  
Secretary of State

Entity Name: SEASIDE AT BELLEAIR MASTER ASSOCIATION, INC.

**Current Principal Place of Business:**

TWO SEASIDE LN  
BELLEAIR, FL 33756 US

**New Principal Place of Business:**

**Current Mailing Address:**

7300 PARK ST  
SEMINOLE, FL 337774601 US

**New Mailing Address:**

FEI Number: 59-3206213

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

REINHART, DEBRA  
RESOURCE MANAGEMENT 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: TD (X) Delete  
Name: LANKTON, JAMES  
Address: 3 SEASIDE LANE #402  
City-St-Zip: BELLEAIR, FL 33756

Title: D ( ) Delete  
Name: SHARP, EDDIE  
Address: TWO SEASIDE LANE SUITE 502  
City-St-Zip: BELLEAIR, FL 33756

Title: VPD ( ) Delete  
Name: GRIFFITH, ALLEN  
Address: ONE SEASIDE LANE, #702  
City-St-Zip: BELLEAIR, FL 33756

Title: SD ( ) Delete  
Name: SEITER, TOM  
Address: TWO SEASIDE LN #301  
City-St-Zip: BELLEAIR, FL 33756

Title: D ( ) Delete  
Name: FERRARA, RAY  
Address: THREE SEASIDE LANE  
City-St-Zip: BELLEAIR, 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: P (X) Change ( ) Addition  
Name: CROWN, BOB  
Address: TWO SEASIDE LN #103  
City-St-Zip: BELLEAIR, FL 33756

Title: S (X) Change ( ) Addition  
Name: GEIGER, JIM  
Address: THREE SEASIDE LANE 202  
City-St-Zip: BELLEAIR, FL 33756

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: LINDA E. KISER

MGR.

04/10/2006

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

\_\_\_\_\_  
Date