

**2022 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL  
REPORT**

DOCUMENT# 734556

**Entity Name:** SEA VIEW PINES, INC.

**Current Principal Place of Business:**

980 SOUND HARBOR CIRCLE  
GULF BREEZE, FL 32563

**Current Mailing Address:**

P. O. BOX 12507  
PENSACOLA, FL 32591 US

**FEI Number:** 59-1684502

**Certificate of Status Desired:** No

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

MOODY, SUSAN L  
657 EAST ROMANA ST.  
PENSACOLA, FL 32502 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:** SUSAN L. MOODY

10/26/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title D  
Name FORD, ALLAN  
Address P. O. BOX 12507  
City-State-Zip: PENSACOLA FL 32591

Title DIRECTOR  
Name GATHRIGHT, BETH  
Address 948 SOUND HARBOR CIRCLE  
City-State-Zip: GULF BREEZE FL 32563

Title TREASURER, DIRECTOR  
Name JOHNSON, DAVID  
Address P. O. BOX 12507  
City-State-Zip: PENSACOLA FL 32591

Title DIRECTOR  
Name KING, JEFF  
Address P. O. BOX 12507  
City-State-Zip: PENSACOLA FL 32591

Title VP  
Name MC NEMAR, TERRY  
Address P. O. BOX 12507  
City-State-Zip: PENSACOLA FL 32591

Title PRESIDENT  
Name JOHNSTON, JON  
Address P. O. BOX 12507  
City-State-Zip: PENSACOLA FL 32591

Title DIRECTOR  
Name BENJAMIN, CHRIS  
Address P. O. BOX 12507  
City-State-Zip: PENSACOLA FL 32591

*I hereby 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 all other like empowered.*

**SIGNATURE:** JON JOHNSTON

**PRESIDENT**

10/26/2022

Electronic Signature of Signing Officer/Director Detail

Date