

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 763738

Entity Name: SEASIDE I HOMEOWNERS' ASSOCIATION, INC.**Current Principal Place of Business:**1394 HWY 283 SOUTH
BLDG #5
SANTA ROSA BEACH, FL 32459**Current Mailing Address:**P O BOX 4957
SANTA ROSA BEACH, FL 32459 US**FEI Number:** 59-2581325**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ANCHORS, MICHELLE
3113 LEWIS TURNER BLVD
SUITE 100
FORT WALTON BEACH, FL 32547 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_____
Date**Officer/Director Detail :**

Title	PD
Name	CANALE, SISSIE
Address	1594 PEABODY AVENUE
City-State-Zip:	MEMPHIS TN 38104

Title	DIRECTOR
Name	RICE, SALLY
Address	3202 S DELAWARE PLACE
City-State-Zip:	TULSA OK 74105

Title	VPD
Name	WATSON, MAX
Address	3389 INWOOD DRIVE
City-State-Zip:	HOUSTON TX 77019

Title	SD
Name	MORRIS, TERESA
Address	3709 AMHERST AVENUE
City-State-Zip:	DALLAS TX 75225

Title	TD
Name	PONS, PAULINE
Address	2179 S. BERRY'S CHAPEL ROAD
City-State-Zip:	FRANKLIN TN 37069

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: SISSIE CANALE**PRESIDENT****02/09/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date