

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000000565

Entity Name: THE SEASIDE SCHOOL FOUNDATION, INC.**Current Principal Place of Business:**10 SMOLIAN CIRCLE
SANTA ROSA BEACH, FL 32459**Current Mailing Address:**P.O. BOX 4825
SANTA ROSA BEACH, FL 32459 US**FEI Number:** 26-1979343**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HORTON, TERESA
10 SMOLIAN CIRCLE
SANTA ROSA BEACH, FL 32459 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:** TERESA HORTON

02/04/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT EMERITUS
Name HELFAND, RICK
Address P.O. BOX 4910
City-State-Zip: SANTA ROSA BEACH FL 32459

Title PRESIDENT
Name MCCARTHY, PARTICK
Address 247 MADDOX STREET
City-State-Zip: SANTA ROSA BEACH FL 32459

Title DIRECTOR
Name WIDMAN, SHANNON
Address PO BOX 2029.
City-State-Zip: SANTA ROSA BEACH FL 32459

Title TREASURER
Name TRAPP, JOSH
Address 209 FERN WAY
City-State-Zip: SANTA ROSA BEACH FL 32459

Title DIRECTOR
Name ASHLEY, BEECHER
Address 60 SAVANNAH STREET
City-State-Zip: SANTA ROSA BEACH FL 32459

Title DIRECTOR
Name BEER, JASON
Address 389 WOODBEACH DRIVE
City-State-Zip: SANTA ROSA BEACH FL 32459

Title DIRECTOR
Name CHRIS, GLAVINE
Address 66 SHELL SEEKERS COVE
City-State-Zip: SANTA ROSA BEACH FL 32459

Title VP
Name VLAHOS, NICHOLAS
Address 2039 CRYSTAL LAKE DR.
City-State-Zip: MIRAMAR BEACH FL 32550

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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: NICHOLAS VLAHOS

VP

02/04/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	BARKER, FARRAR
Address	P.O. BOX 4825
City-State-Zip:	SANTA ROSA BEACH FL 32459