

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09715

**Entity Name:** THE VILLAGES OF SEAPORT CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Apr 04, 2017**  
**Secretary of State**  
**CC0983463174**

**Current Principal Place of Business:**

8850 NORTH ATLANTIC AVENUE  
CAPE CANAVERAL, FL 32920

**Current Mailing Address:**

120 SEAPORT BLVD.  
CAPE CANAVERAL, FL 32920 US

**FEI Number: 59-2761372**

**Certificate of Status Desired: No**

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

KLEMM, RUSSELL E  
1065 MAITLAND CENTER COMMONS BLVD.  
MAITLAND, FL 32751 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            PRESIDENT  
Name            EDWARDS, TOM  
Address        120 SEAPORT BLVD  
City-State-Zip: CAPE CANAVERAL FL 32920

Title            VICE PRESIDENT  
Name            TICHICH, MARYJO  
Address        120 SEAPORT BLVD  
City-State-Zip: CAPE CANAVERAL FL 32920

Title            TREASURER  
Name            HEALEY, DOROTHY  
Address        120 SEAPORT BLVD  
City-State-Zip: CAPE CANAVERAL FL 32920

Title            SECRETARY  
Name            OLWELL, EDWARD  
Address        120 SEAPORT BLVD  
City-State-Zip: CAPE CANAVERAL FL 32920

Title            DIRECTOR-AT-LARGE  
Name            BEAULIEU, WILLIAM  
Address        120 SEAPORT BLVD.  
City-State-Zip: CAPE CANAVERAL FL 32920

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: TOM EDWARDS**

**PRESIDENT**

**04/04/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date