

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N30292

Entity Name: SEAPORT MASTER ASSOCIATION, INC.

Current Principal Place of Business:

VILLAGES OF SEAPORT/SEAPORT MASTER
8850 N. ATLANTIC AVE.
CAPE CANAVERAL, FL 32920

Current Mailing Address:

120 N SEAPORT BLVD
CAPE CANAVERAL, FL 32920 US

FEI Number: 59-2761375

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 PD
Name EDWARDS, TOM
Address 600 N. SEAPORT BLVD
City-State-Zip: CAPE CANAVERAL FL 32920

Title VPD
Name CLARKE, RICHARD
Address 806 MYSTIC DRIVE UNIT D304
City-State-Zip: CAPE CANAVERAL FL 32920

Title SECTY/TREAS
Name HEALEY, DOROTHY
Address 137 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

04/22/2015

Electronic Signature of Signing Officer/Director Detail

Date