

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000002569

Entity Name: SEASIDE AT BELLEAIR I CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**

SEASIDE AT BELLEAIR I CONDOMINIUM ASSOCIATION C/O CONDOMINIUM ASSOCIATES
3001 EXECUTIVE DRIVE SUITE 260
CLEARWATER, FL 33762

Current Mailing Address:

SEASIDE AT BELLEAIR I CONDOMINIUM C/O CONDOMINIUM ASSOCIATES
3001 EXECUTIVE DRIVE SUITE 260
CLEARWATER, FL 33762 US

FEI Number: 59-3206211**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**

ZACUR, GRAHAM & COSTIS, P.A.
5200 CENTRAL AVENUE
ST. PETERSBURG, FL 33733-4409 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 DOUGLAS, SCOTT
Address SEASIDE AT BELLEAIR I
 CONDOMINIUM C/O CONDOMINIUM
 ASSOCIATES
 3001 EXECUTIVE DRIVE SUITE 260
City-State-Zip: CLEARWATER FL 33762

Title TREASURER
Name BRAINER, DAVID
Address SEASIDE AT BELLEAIR I
 CONDOMINIUM C/O CONDOMINIUM
 ASSOCIATES
 3001 EXECUTIVE DRIVE SUITE 260
City-State-Zip: CLEARWATER FL 33762

Title DIRECTOR
Name NELSON, LOIS
Address SEASIDE AT BELLEAIR I
 CONDOMINIUM C/O CONDOMINIUM
 ASSOCIATES
 3001 EXECUTIVE DRIVE SUITE 260
City-State-Zip: CLEARWATER FL 33762

Title SECRETARY
Name WHITTLE, CAROLE
Address SEASIDE AT BELLEAIR I
 CONDOMINIUM C/O CONDOMINIUM
 ASSOCIATES
 3001 EXECUTIVE DRIVE SUITE 260
City-State-Zip: CLEARWATER FL 33762

Title DIRECTOR
Name KUK, JOANNE
Address SEASIDE AT BELLEAIR I
 CONDOMINIUM C/O CONDOMINIUM
 ASSOCIATES
 3001 EXECUTIVE DRIVE SUITE 260
City-State-Zip: CLEARWATER FL 33762

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: DOUGLAS , SCOTT

PRESIDENT

03/19/2024

Electronic Signature of Signing Officer/Director Detail

Date