

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90323 019 ****61.25

DOCUMENT # 710739

1. Entity Name

SEAVIEW CONDOMINIUM APTS. INC.



Principal Place of Business

1215 97TH ST., OCEAN
MARATHON FL 33050

Mailing Address

C/O S. MONTGOMERY
65 TINGLER LN
MARATHON FL 33050



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/04)

4. FEI Number

59-1225032

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BECKER & POLIAKOFF, P.A.
6161 BLUE LAGOON DR.
SUITE 250
MIAMI FL 33126

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	COLLINS, ROBERT	
STREET ADDRESS	745 S. MAIN ST.	
CITY-ST-ZIP	STOWE VT 05672	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	WIEDEMANN, KNUT	
STREET ADDRESS	617 HERNANDO DR.	
CITY-ST-ZIP	MARCO ISLAND FL 34145	
TITLE	T	<input type="checkbox"/> Delete
NAME	MONTGOMERY, SYLVIA	
STREET ADDRESS	65-TINGLER LN.	
CITY-ST-ZIP	MARATHON FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	PHILIPPS, BETSY	
STREET ADDRESS	7525 GULFSTREAM BLVD.	
CITY-ST-ZIP	MARATHON FL 33050	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PRES/DIR	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ERIC GRIMPE	
STREET ADDRESS	1 WINDSOR RD. WEST	
CITY-ST-ZIP	JUPITER, FL 33469	
TITLE	VP/DIR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NORM PHILIPPS	
STREET ADDRESS	7525 GULF STREAM BLVD	
CITY-ST-ZIP	MARATHON, FL 33050	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DIR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBERT COLLINS	
STREET ADDRESS	745 S. MAIN ST.	
CITY-ST-ZIP	STOWE, VT. 05672	
TITLE	DIR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JON BENHAM	
STREET ADDRESS	15064 SAVANNAH DRIVE	
CITY-ST-ZIP	NAPLES, FL 34119	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Sylvia Montgomery* - SYLVIA MONTGOMERY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-05 (305) 743-5760

Date Daytime Phone #