


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Mar 10, 2006 8:00 am**  
**Secretary of State**

03-10-2006 90007 033 \*\*\*\*61.25

<b>DOCUMENT # 710739</b>					
1. Entity Name <b>SEAVIEW CONDOMINIUM APTS. INC.</b>					
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		4. FEI Number <b>59-1225032</b>	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>BECKER &amp; POLIAKOFF, P.A. 6161 BLUE LAGOON DR. SUITE 250 MIAMI FL 33126</b>			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			<b>FL</b>		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
<b>Make Check Payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MRINPE, ERIC		NAME	GRIMPE, ERIC	
STREET ADDRESS	1 WINDSOR RD WEST		STREET ADDRESS	SAME	
CITY-ST-ZIP	JUPITER FL 33469		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PHILIPPS, NORM		NAME		
STREET ADDRESS	7525 GULF STREAN BLVD		STREET ADDRESS		
CITY-ST-ZIP	MARATHON FL 33050		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MONTGOMERY, SYLVIA		NAME		
STREET ADDRESS	65 TINGLER LN.		STREET ADDRESS		
CITY-ST-ZIP	MARATHON FL		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PHILIPPS, BETSY		NAME		
STREET ADDRESS	7525 GULFSTREAM BLVD.		STREET ADDRESS		
CITY-ST-ZIP	MARATHON FL 33050		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLLINS, ROBERT		NAME		
STREET ADDRESS	1745 S MAIN ST		STREET ADDRESS		
CITY-ST-ZIP	STOWE VT 05672		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENHAM, JON		NAME	ARLA TANNER	
STREET ADDRESS	15064 SAVANNAH DRIVE		STREET ADDRESS	1215-97th ST. #6	
CITY-ST-ZIP	NAPLES FL 34119		CITY-ST-ZIP	MARATHON, FL. 33050	



1st MOORE CR2E037 (10/05)

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 3-4-06 305-743-5760