

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 01, 2007 8:00 am**  
**Secretary of State**

05-01-2007 90017 025 \*\*\*\*61.25

**DOCUMENT # 710739**

1. Entity Name

SEAVIEW CONDOMINIUM APTS. INC.



Principal Place of Business

Mailing Address

1215 97TH ST., OCEAN  
MARATHON FL 33050

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



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E037 (10/06)

City & State

City & State

4. FEI Number

59-1225032

Applied For

Not Applicable

Zip

Country

Zip

Country

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, 2007**

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 ☒ Delete  
NAME GRIMPE, ERIC  
STREET ADDRESS 1 WINDSOR RD WEST  
CITY-ST-ZIP JUPITER FL 33469

TITLE VD ☐ Change ☒ Addition  
NAME JOSE CID  
STREET ADDRESS 11980 S.W. 93RD TERRACE  
CITY-ST-ZIP MIAMI, FL 33186

TITLE VD ☒ Delete  
NAME PHILIPPS, NORM  
STREET ADDRESS 7525 GULF STREAM BLVD  
CITY-ST-ZIP MARATHON FL 33050

TITLE DIR. ☒ Change ☐ Addition  
NAME PHILIPPS, NORM  
STREET ADDRESS 7525 GULFSTREAM BLVD.  
CITY-ST-ZIP MARATHON, FL 33050

TITLE T ☐ Delete  
NAME MONTGOMERY, SYLVIA  
STREET ADDRESS 65 TINGLER LN.  
CITY-ST-ZIP MARATHON FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE SD ☒ Delete  
NAME PHILIPPS, BETSY  
STREET ADDRESS 7525 GULFSTREAM BLVD.  
CITY-ST-ZIP MARATHON FL 33050

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☒ Delete  
NAME COLLINS, ROBERT  
STREET ADDRESS 1745 S MAIN ST  
CITY-ST-ZIP STOWE VT 05672

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☒ Delete  
NAME TANNER, ARLA  
STREET ADDRESS 1215-97TH ST #6  
CITY-ST-ZIP MARATHON FL 33050

TITLE PRES ☒ Change ☐ Addition  
NAME TANNER, ARLA  
STREET ADDRESS 1215-97TH ST - #6  
CITY-ST-ZIP MARATHON, FL 33050

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

4-20-97

305-743-5760

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #