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NONPROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **711706**

1. Corporation Name

SEASIDE GARDENS CIVIC ASSOCIATION, INC.

Principal Place of Business	Mailing Address
462 63RD ST HOLMES BEACH FL 34217 US	P.O. BOX 1603 HOLMES BEACH FL 34218

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 10/27/1966
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1202374 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

EDWARDS, LEE R
462 63RD ST
HOLMES BEACH FL 34217

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Lee R Edwards — Signature, typed or printed name of registered agent and title if applicable. Lee R Edwards (NOTE: Registered Agent signature required when reinstating) DATE Jan 31,1999

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DS	☒ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SKENE, WYLA		1.2 NAME		
STREET ADDRESS	462 62ND ST		1.3 STREET ADDRESS		
CITY-ST-ZIP	HOLES BEACH FL 34217		1.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	EDWARDS, LEE R		2.2 NAME		
STREET ADDRESS	462 63RD ST		2.3 STREET ADDRESS		
CITY-ST-ZIP	HOLMES BEACH FL 34217		2.4 CITY-ST-ZIP		
TITLE	VPD	☐ DELETE	3.1 TITLE	VPD	☐ Change ☒ Addition
NAME	VEROSTEC, FRANK		3.2 NAME	BETTIN,RICHARD	
STREET ADDRESS	464 62ND ST		3.3 STREET ADDRESS	444 62nd St	
CITY-ST-ZIP	HOLMES BEACH FL 34217		3.4 CITY-ST-ZIP	HOLMES BEACH,FL 34217	
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	YOUNG, DAVID		4.2 NAME		
STREET ADDRESS	11 SEASIDE CT		4.3 STREET ADDRESS		
CITY-ST-ZIP	HOLMES BEACH FL 34217		4.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	5.1 TITLE	VPD	☒ Change ☐ Addition
NAME	ZADAROSNI, JEFFERY		5.2 NAME	ZADAROSNI,JEFFREY	
STREET ADDRESS	440 62ND ST		5.3 STREET ADDRESS	440 62nd St	
CITY-ST-ZIP	HOLMES BEACH FL 34217		5.4 CITY-ST-ZIP	HOLMES BEACH,FL 34217	
TITLE	TD	☒ DELETE	6.1 TITLE	STD	☒ Change ☐ Addition
NAME	HAAS-MARTENS, SANDRA K		6.2 NAME	HAAS-MARTENS,SANDRA K	
STREET ADDRESS	464 63RD ST		6.3 STREET ADDRESS	464 63RD St	
CITY-ST-ZIP	HOLMES BEACH FL 34217		6.4 CITY-ST-ZIP	HOLMES BEACH,FL 34217	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE Sandra K Haas-Martens REQUIRED Sandra K Haas-Martens 1/31/99 941-778
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)