

03/15/2006 00:39 7707490445
03/15/2006 10:14 FAX 8502346842

PCPS
Sea Side Villas

FILED
Mar 20, 2006 8:00 am
Secretary of State

02-27-2006 90083 002 ****61.25

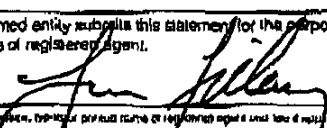
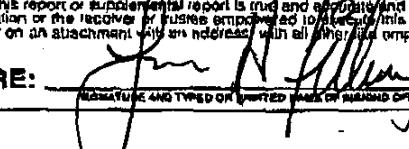
**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

2/2

66005890



1st MOORE CR2E037 (10/05)

DOCUMENT # 723770			
1. Entity Name SEASIDE VILLAS CONDOMINIUM ASSOCIATION, INC			
Principal Place of Business 4701 THOMAS DRIVE PANAMA CITY BEACH FL 32408-7321		Mailing Address 4701 THOMAS DRIVE PANAMA CITY BEACH FL 32408-7321	
2. Principal Place of Business 8/18, Apt. #, etc.		3. Mailing Address 8/18, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. Name and Address of Current Registered Agent TILLEY, ROCKY 4701 THOMAS DR. 203 PANAMA CITY FL 32408		5. FEI Number 59-1439217 Applied For Not Applicable	
6. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		7. Name and Address of New Registered Agent Tilley, Rocky Street Address (P.O. Box Number is Not Applicable) 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, printed name of registered agent and date of registration		DATE 02/07/06 (NOTE: Registered agent signature required when necessary)	
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		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 D NAME TRAMMELL, NEWTON JR STREET ADDRESS 07 KINGSWALK NE CITY-ST-ZIP ATLANTA GA 30307	☒ Change ☐ Addition	TITLE P NAME Tilley, Rocky STREET ADDRESS 1144 HUNTINGTON RD CITY-ST-ZIP CEDARTOWN GA 30125	☒ Change ☐ Addition
TITLE VD NAME MOTTICE, JAY STREET ADDRESS 300 SUMMERBROOKE DR. CITY-ST-ZIP TALLAHASSEE FL 32312	☐ Delete	TITLE V NAME COTHRAN, Robert STREET ADDRESS 4950 SHANNON WAY CITY-ST-ZIP MADISON GA 30126	☒ Change ☐ Addition
TITLE D NAME COTHRAN, ROBERT STREET ADDRESS 4950 SHANNON WAY CITY-ST-ZIP MADISON GA 30126	☐ Delete	TITLE P NAME Mottice, Jay STREET ADDRESS 300 Summerbrooke Dr CITY-ST-ZIP TALLAHASSEE FL 32312	☒ Change ☐ Addition
TITLE S NAME HAIGLER, ANN STREET ADDRESS 1227 OLD FORT RD. CITY-ST-ZIP FORT DEPOSIT AL 36532	☐ Delete	TITLE D NAME Don LyBrand STREET ADDRESS 4701 THOMAS DR #215 CITY-ST-ZIP Panama City Bch FL 32409	☐ Change ☒ Addition
TITLE PD NAME TILLEY, ROCKY STREET ADDRESS 1144 HUNTINGTON RD CITY-ST-ZIP CEDARTOWN GA 30125	☐ Delete	TITLE D NAME Pat Hand STREET ADDRESS 850 Eagle Dr CITY-ST-ZIP Panama City Bch FL 32413	☐ Change ☒ Addition
TITLE D NAME John Weisbeuch STREET ADDRESS 303 E FAR Hills DR CITY-ST-ZIP E. PERRIN IL 61611	☐ Delete	TITLE D NAME John Weisbeuch STREET ADDRESS 303 E FAR Hills DR CITY-ST-ZIP E. PERRIN IL 61611	☐ Change ☒ Addition
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 file 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 duly empowered.			
SIGNATURE:  Signature and typed or printed name of registered officer or director		DATE 03/15/06 850-234-6587 Display Phone #	



ATTACHMENT

66005890

FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 2, 2006

SEASIDE VILLAS CONDOMINIUM ASSOCIATION, INC
4701 THOMAS DRIVE
PANAMA CITY BEACH, FL 32408-7321

Subject: SEASIDE VILLAS CONDOMINIUM ASSOCIATION, INC

Reference Number: 723770

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$61.25; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/MH
ANNUAL REPORTS SECTION

3/15/06 Please find enclosed.
Thanks,
Jane Wilson