

FILED
Apr 30, 2007 8:00 am
Secretary of State



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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1439217

Applied For

Not Applicable

5. Certificate of Status Desired

04152007

Chg-NP

CR2E037 (12/06)

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TILLEY, ROCKY
4701 THOMAS DR.
203
PANAMA CITY, FL 32408

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

Filing 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

NAME

STREET ADDRESS

CITY-ST-ZIP

DELETE

P

TILLEY, ROCKY

1144 HUNTINGTON RD

CEDARTOWN, GA 30125

☐

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DELETE

V

COTHEAN, ROBERT

4950 SHANNON WAY

MABLETON, GA 30126

☐

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DELETE

T

MOTTICE, JAY

300 SUMMERBROOKE DR

TALLAHASSEE, FL 32312

☒

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DELETE

S

HAIGLER, ANN

1227 OLD FORT RD.

FORT DEPOSIT, AL 36032

☐

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DELETE

PD

TILLERY, ROCKY

1144 HUNTINGTON RD

CEDARTOWN, GA 30125

☐

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DELETE

D

LYBRAND, DON

4701 THOMAS DR 215

PANAMA CITY, FL 32409

☐

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DELETE

P

TILLERY, ROCKY

☒

Change

☐

Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DELETE

V

COTHRAN, Robert

☒

Change

☐

Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DELETE

T

WEISBRUCH, FRITZ

303 E FAR HILLS DR

E. PEORIA, IL 61611

☐

Change

☒

Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DELETE

☐

Change

☐

Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DELETE

☐

Change

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Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DELETE

☐

Change

☐

Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 an otherwise empowered.

SIGNATURE:

4/16/07

850-234-6587

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #