


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 29, 2004 8:00 am
Secretary of State

01-29-2004 90076 021 ****61.25

DOCUMENT # 734320 1. Entity Name SEAHORSE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 955 FT PICKENS RD N PENSACOLA BEACH FL 32561			Mailing Address 955 FT PICKENS RD N PENSACOLA BEACH FL 32561		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1648564	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
HARRIS, ROBERT K 955 FT PICKENS RD N PENSACOLA BEACH FL 32561				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SAWYER, LINDA		NAME		
STREET ADDRESS	955 FT. PICKENS RD. "J"		STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA BEACH FL 32561		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RICHEY, ROBBIE		NAME		
STREET ADDRESS	410 E BELMONT		STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL 32501		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	SCHACHNER, BETH		NAME	D ALLEN NESMITH	
STREET ADDRESS	50 FT. PICKENS RD		STREET ADDRESS	955 FT. PICKENS RD Unit E	
CITY-ST-ZIP	PENSACOLA BEACH FL 32561		CITY-ST-ZIP	PENSACOLA BEACH FL 32561	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WELSH, TED		NAME		
STREET ADDRESS	3881 CAPTAINS WAY		STREET ADDRESS		
CITY-ST-ZIP	GULF BREEZE FL 32561		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WEEKS, JIM		NAME		
STREET ADDRESS	15 CABELLTON LANE		STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL 32506		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HARRIS, ROBERT K		NAME		
STREET ADDRESS	955 FT. PICKENS RD		STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA BEACH FL 32561		CITY-ST-ZIP		
12. 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 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: Robert K Harris Robert K Harris Jan 21 04 850-932-2864 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					