

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 28, 2005 8:00 am**  
**Secretary of State**

01-28-2005 90031 030 \*\*\*\*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

**50007771**



1st MOORE CR2E037 (10/04)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-1648564

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

HARRIS, ROBERT K  
955 FT PICKENS RD  
N  
PENSACOLA BEACH FL 32561

7. Name and Address of New Registered Agent

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, 2005**

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

TITLE D ☐ Delete  
NAME SAWYER, LINDA  
STREET ADDRESS 955 FT. PICKENS RD. "J"  
CITY-ST-ZIP PENSACOLA BEACH FL 32561

TITLE D ☒ Delete  
NAME RICHEY, ROBBIE  
STREET ADDRESS 410 E BELMONT  
CITY-ST-ZIP PENSACOLA FL 32501

TITLE D ☐ Delete  
NAME NESMITH, ALLEN  
STREET ADDRESS 955 FT. PICKENS RD UNIT E  
CITY-ST-ZIP PENSACOLA BEACH FL 32561

TITLE D ☒ Delete  
NAME ~~WELSH, TED~~  
STREET ADDRESS ~~3881 CAPTAINS WAY~~  
CITY-ST-ZIP ~~GULF BREEZE FL 32561~~

TITLE D ☒ Delete  
NAME ~~WEEKS, JIM~~  
STREET ADDRESS ~~15 CAMPBELLTON LANE~~  
CITY-ST-ZIP ~~PENSACOLA FL 32506~~

TITLE PD ☐ Delete  
NAME HARRIS, ROBERT K  
STREET ADDRESS 955 FT. PICKENS RD  
CITY-ST-ZIP PENSACOLA BEACH FL 32561

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE D ☒ Change ☐ Addition  
NAME *RYAN SCOTT*  
STREET ADDRESS *955 FT PICKENS RD Apt F*  
CITY-ST-ZIP

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

TITLE D ☒ Change ☐ Addition  
NAME *ERIC SWINSON*  
STREET ADDRESS *955 FT. PICKENS RD Apt I*  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN 28 05 850 932-2864

Date

Daytime Phone #