

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 07, 2007 8:00 am**  
**Secretary of State**

02-07-2007 90047 033 \*\*\*\*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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

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

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

**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, 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

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

TITLE: D  
NAME: SCOTT, RYAN  
STREET ADDRESS: 955 FORT PICKENS ROAD APT F  
CITY-ST-ZIP: PENSACOLA FL 32501 ☒ Delete

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

TITLE: D  
NAME: SWINSON, ERIC  
STREET ADDRESS: 955 FORT PICKENS ROAD APT I  
CITY-ST-ZIP: GULF BREEZE FL 32561 ☒ Delete

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

TITLE: ☐ Delete  
NAME: ☐ Delete  
STREET ADDRESS: ☐ Delete  
CITY-ST-ZIP: ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: D  
NAME: ROBERT BROWNING  
STREET ADDRESS: 955 FT. PICKENS RD. P  
CITY-ST-ZIP: PENSACOLA BEACH FL 32561 ☐ Change ☒ Addition

TITLE: D  
NAME: ROBBIE RICHES  
STREET ADDRESS: 955 FT. PICKENS RD R  
CITY-ST-ZIP: PENSACOLA BEACH FL. ☐ Change ☒ Addition

TITLE: D  
NAME: STEVE FLACK  
STREET ADDRESS: 955 FT. PICKENS RD Q  
CITY-ST-ZIP: PENSACOLA BEACH FL 32561 ☐ Change ☒ Addition

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

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

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY-ST-ZIP: ☐ 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 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 31 2007 850 932-2864

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #