

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90232 037 \*\*\*\*61.25

<b>DOCUMENT # 734608</b> 1. Entity Name <b>SEASIDE BEACH HOUSE ASSOCIATION, INC.</b>					
Principal Place of Business <b>% JOSEPH V. BURKE &amp; CO., PA</b> <b>214 54TH STREET</b> <b>HOLMES BEACH, FL 34217</b>			Mailing Address <b>% JOSEPH V. BURKE &amp; CO., PA</b> <b>214 54TH STREET</b> <b>HOLMES BEACH, FL 34217</b>		
2. Principal Place of Business <b>102 - 68th Street</b>		3. Mailing Address <b>% Joseph V. Burke CPA, P.A.</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. <b>214 A - 54th Street</b>			
City & State <b>Holmes Beach, FL</b>		City & State <b>Holmes Beach, FL</b>		4. FEI Number <b>59-1721790</b>	
Zip <b>34217</b>		Country <b>Manatee</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip <b>34217</b>		Country <b>Manatee</b>		02222006 Chg-NP CR2E037 (11/05)	
6. Name and Address of Current Registered Agent  <b>MURRELL, FREDERICK J.</b> <b>8717 12TH AVENUE, N.W.</b> <b>BRADENTON, FL 34209</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </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>					
<b>Filing Fee Is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>Make check payable to</b> <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WOMBLE, JOSEPHINE 3078 SHOAL CREEK VILLAGE DR. LAKELAND, FL 33803		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D Womble, Josephine 2746 Bellerive Dr. Lakeland, FL 33803	
	<input type="checkbox"/> Delete			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SCHLUETER, PAMELA 102 68TH STREET, #105 HOLMES BEACH, FL 342171300		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BARBARA RAGAN 10477 BRENDLE RD MYAKKA CITY, FL 34251	
	<input checked="" type="checkbox"/> Delete			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ROTHMANN, BRUCE F. 3020 KENT ROAD SILVER LAKE, OH		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JAMES HUNTER 611 W. MARKET ST., STE. D. SILVERLAKE, OH 44224	
	<input checked="" type="checkbox"/> Delete			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KINGSTAD, ARTHUR 18565 PLEASANT ST BROOKFIELD, WI 53045		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Kingstad, Arthur 102 - 68th Street, #202 Holmes Beach, FL 34217	
	<input type="checkbox"/> Delete			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.					
<b>SIGNATURE:</b> <u>ARTHUR Kingstad, President</u> 					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
				<small>Date</small>	
				<small>Daytime Phone #</small>	