

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 04, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # 734608**

1. Entity Name  
SEASIDE BEACH HOUSE ASSOCIATION, INC.



Principal Place of Business  
102-68TH ST  
HOLMES BEACH, FL 34217

Mailing Address  
% JOSEPH V. BURKE & CO., PA  
214A- 54TH STREET  
HOLMES BEACH, FL 34217



05012007 No Chg-NP CR2E037 (4/06)

4. FEI Number  
59-1721790

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

MURRELL, FREDERICK J.  
8717 12TH AVENUE, N.W.  
BRADENTON, FL 34209

**DO NOT WRITE  
IN THIS SPACE**

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WOMBLE, JOSEPHINE 2746 BELLERIVE DR LAKELAND, FL 33803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RAGAN, BARBARA 10477 BRENDLE RD MYAKKA CITY, FL 34251
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HUNTER, JAMES 611 WEST MARKET ST SUITE D SILVERLAKE, OH 44224
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KINGSTAD, ARTHUR 102-68TH ST SUITE 202 HOLMES BEACH, FL 34217
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000761739  
05/25/07-80067-012 61.25

**DO NOT WRITE  
IN THIS SPACE**

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.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #