


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 17, 2008 8:00 am**  
**Secretary of State**

04-17-2008 90017 011 \*\*\*\*61.25

<b>DOCUMENT # 734608</b> 1. Entity Name <b>SEASIDE BEACH HOUSE ASSOCIATION, INC.</b>					
Principal Place of Business <b>102-68TH ST HOLMES BEACH, FL 34217</b>			Mailing Address <b>% JOSEPH V. BURKE &amp; CO., PA 214A- 54TH STREET HOLMES BEACH, FL 34217</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01292008    Chg-NP    CR2E037 (12/06)	
Zip		Country		4. FEI Number <b>59-1721790</b>	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>MURRELL, FREDERICK J. 8717 12TH AVENUE, N.W. BRADENTON, FL 34209</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating)    DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD <b>WOMBLE, JOSEPHINE</b> <b>2746 BELLERIVE DR</b> <b>LAKELAND, FL 33803</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition PD <b>Stephen Schlueter</b> <b>603 mill Run East</b> <b>Bradenton, FL 34212</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <b>RAGAN, BARBARA</b> <b>10477 BRENDEL RD</b> <b>MYAKKA CITY, FL 34251</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition SD <b>Arthur Kingstad</b> <b>102-68th St, Ste 202</b> <b>Holmes Beach, FL 34217</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <b>HUNTER, JAMES</b> <b>611 WEST MARKET ST SUITE D</b> <b>SILVERLAKE, OH 44224</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition #	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>KINGSTAD, ARTHUR</b> <b>102-68TH ST SUITE 202</b> <b>HOLMES BEACH, FL 34217</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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> <i>X Arthur Kingstad V-P</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			<b>X 5-9-08 X 778-784</b> Date    Daytime Phone #		