

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 738420

**FILED**  
**Apr 05, 2012**  
**Secretary of State**

**Entity Name:** SEA HORSE BEACH RESORT ASSOCIATION, INC.

**Current Principal Place of Business:**

3453 GULF OF MEXICO DRIVE  
LONGBOAT KEY, FL 34228

**New Principal Place of Business:**

**Current Mailing Address:**

3453 GULF OF MEXICO DRIVE  
LONGBOAT KEY, FL 34228

**New Mailing Address:**

**FEI Number:** 59-1764436

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SNYDER, DONALD H JR.  
5603 26TH STREET WEST  
BRADENTON, FL 34207 US

**Name and Address of New Registered Agent:**

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.

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

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: KOWAL, MICHAEL  
Address: 2056 CENTURY VIEW LANE  
City-St-Zip: ROCHESTER, MN 55906

Title: PD  
Name: MILLER, TODD  
Address: 9224 PARK  
City-St-Zip: ALLEN PARK, MI 48101

Title: VPD  
Name: KUCZAK, SOPHIE  
Address: PO BOX 2711  
City-St-Zip: GLENVIEW, IL 60025

Title: TD  
Name: STEPP, ROBERT  
Address: 33813 OAKDALE  
City-St-Zip: LIVONIA, MI 48154

Title: SD  
Name: GUERNSEY, ROBERT  
Address: 584 OUTRIGGER LN  
City-St-Zip: LONGBOAT KEY, FL 34228

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: TODD MILLER

PRES

04/05/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date