


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 13, 2007 8:00 am
Secretary of State

08-13-2007 90020 039 ****61.25

DOCUMENT # 740127					
1. Entity Name SEAWAY COURT CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 833 N.E. 18 CT. FORT LAUDERDALE, FL 33305			Mailing Address 833 N.E. 18 CT. #100 FORT LAUDERDALE, FL 33305		
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	4. FEI Number 59-1795522	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
FOTO, PETER 833 NE 18TH CT APT. 11 FT. LAUDERDALE, FL 33305			Name <u>WISEMAN, Milton</u> Street Address (P.O. Box Number is Not Acceptable) <u>833 NE 18TH CT. # A</u> City <u>FT. LAUDERDALE</u> <u>FL</u> Zip Code <u>33305</u>		
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 re-registering)</small>					
Filing Fee is \$61.25 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FOTO, PETER 833 N.E. 18TH COURT FT. LAUDERDALE, FL 33305	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WISEMAN, Milton 833 NE 18TH CT. FT. LAUDERDALE FL 33305
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WISEMAN, MILTON 833 N.E. 18TH COURT FORT LAUDERDALE, FL 33305	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD STONE, SEM 833 NE 18TH CT. FT. LAUDERDALE FL 33305
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS GOTTILY, TOM P 833 NE 18TH COURT FT. LAUDERDALE, FL 33305	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	/
TITLE NAME STREET ADDRESS CITY-ST-ZIP	/	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	/
TITLE NAME STREET ADDRESS CITY-ST-ZIP	/	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	/
TITLE NAME STREET ADDRESS CITY-ST-ZIP	/	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	/
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: <u>[Signature]</u>				7-30-07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date	
Daytime Phone #				Daytime Phone #	