

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 12, 2008 08:00 A
Secretary of State

DOCUMENT # 747745	
1. Entity Name SEASIDE CONDOMINIUM ASSOCIATION, INC.	
Principal Place of Business 4770 ESTERO BLVD. FT MYERS BCH., FL 33931	Mailing Address PO BOX 60847 FORT MYERS, FL 33906



03052008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1926022	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SPRING, SHANE
12811 KENWOOD LN
FORT MYERS, FL 33907**

**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

2/28/08

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000855555
03/27/08-80055-006 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARACH, DENNIS 322 BRANCHWOOD CT SCHAUMBURG, IL 60193
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD NOWACZYK, GLORIDA 9101 SOUTH CORD OAK LAWN, IL 60453
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ROSS, TONY 13259 SHERDALE CIR 2201 BONITA SPRINGS, FL 34135
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EVANS, GREG 14530 AUTUMWOOD DR WHITESTOWN, IN 46075
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WAGNIRE, JACK 750 RIFLE CAMP RD LITTLE FALLS, NJ 07424
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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 #

2/28/08

834-333-1141