

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

FILED
Mar 02, 2007 08:00 A
Secretary of State

DOCUMENT # 752973

1. Entity Name
**SEASIDE OF ATLANTIC BEACH CONDOMINIUM
ASSOCIATION, INC.**



Principal Place of Business, Mailing Address
62-80 OCEAN BLVD 132 ORANGE ST
ATLANTIC BCH., FL 32233 US NEPTUNE BEACH, FL 32266 US



01102007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3017472	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LUBECK, JAY
132 ORANGE ST
NEPTUNE BEACH, FL 32266

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing ☐ **\$5.00 May Be
Trust Fund Contribution. Added to Fees**

U000000654748
03/13/07 80077-001 70.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD LUBECK, JAY 132 ORANGE ST NEPTUNE BEACH, FL 32266
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SANCHEZ, RAOUL 76 OCEAN BLVD ATLANTIC BEACH, FL 32233
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD STEIGER, CAROLE ANN 338 7TH ST ATLANTIC BEACH, FL 32233
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**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 _____

2/28/07