

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90209 004 ****61.25

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1. Entity Name
SEAVIEW CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

14700 GULF BLVD.
MADEIRA BEACH, FL 33708 US

Mailing Address

14700 GULF BLVD.
MADEIRA BEACH, FL 33708 US



01152007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2103240

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KING, SUSAN
14700 GULF BLVD
MADEIRA BEACH, FL 33708

**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 reconstituting)

DATE

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
D
HILL, ALLEN
STREET ADDRESS
234 WHISPERING LAKES DR
CITY-ST-ZIP
PALOS PARK, IL 60464

TITLE
NAME
DR P
MCCANDLESS, TIM
STREET ADDRESS
3025 GREENE RD.
CITY-ST-ZIP
GREENE, IA 50636

TITLE
NAME
S
KRAMER, LEROY
STREET ADDRESS
27685 BUTLER CENTER RD
CITY-ST-ZIP
CLARKSVILLE, IA 50619

TITLE
NAME
T
NADENIK, LOU
STREET ADDRESS
701 BURR OAK LN.
CITY-ST-ZIP
PROSPECT HTS, IL 60070

TITLE
NAME
P. J. P
CLARK, THOMAS
STREET ADDRESS
1063 LONG RUN RD
CITY-ST-ZIP
MCKEESPORT, PA 15132

TITLE
NAME
D
CLARK, THOMAS JR
STREET ADDRESS
1063 LONG RUN RD
CITY-ST-ZIP
MCKEESPORT, PA 15132

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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

4-15-07

Date

727-392-3741

Daytime Phone #