

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2008 08:00 AM
Secretary of State

DOCUMENT # 753056

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**



01232008 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 reinstating)

DATE

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

000000799402
01/30/08-80068-001 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HILL, ALLEN 234 WHISPERING LAKES DR PALOS PARK, IL 60464
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCCANDLESS, TIM 3025 GREENE RD. GREENE, IA 50636
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KRAMER, LEROY 27685 BUTLER CENTER RD CLARKSVILLE, IA 50619
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T NADENIK, LOU 701 BURR OAK LN. PROSPECT HTS, IL 60070
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CLARK, THOMAS 1063 LONG RUN RD MCKEESPORT, PA 15132
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLARK, THOMAS JR 1063 LONG RUN RD 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:

Thomas Clark **Thomas Clark**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01.23.08
Date

727-392-3741
Daytime Phone #