

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 753056

FILED  
Apr 06, 2011  
Secretary of State

**Entity Name:** SEAVIEW CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

14700 GULF BLVD.  
MADEIRA BEACH, FL 33708 US

**New Principal Place of Business:**

**Current Mailing Address:**

14700 GULF BLVD.  
MADEIRA BEACH, FL 33708 US

**New Mailing Address:**

**FEI Number:** 59-2103240

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KING, SUSAN  
14700 GULF BLVD  
MADEIRA BEACH, FL 33708 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: SEALE, TIM  
Address: 1063 LONG RUN RD.  
City-St-Zip: MCKEESPORT, PA 15132

Title: P  
Name: MCCANDLESS, TIM  
Address: 3025 GREENE RD.  
City-St-Zip: GREENE, IA 50636

Title: S  
Name: KRAMER, LEROY  
Address: 27685 BUTLER CENTER RD  
City-St-Zip: CLARKSVILLE, IA 50619

Title: T  
Name: NADENIK, LOU  
Address: 701 BURR OAK LN.  
City-St-Zip: PROSPECT HTS, IL 60070

Title: V  
Name: CLARK, THOMAS  
Address: 1063 LONG RUN RD  
City-St-Zip: MCKEESPORT, PA 15132

Title: D  
Name: CLARK, THOMAS JR  
Address: 1063 LONG RUN RD  
City-St-Zip: MCKEESPORT, PA 15132

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: SUSAN KING

MGR.

04/06/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date