


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90425 012 ****61.25

DOCUMENT # 763738					
1. Entity Name SEASIDE I HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business P O BOX 4957 SANTA ROSA BCH., FL 32459		Mailing Address P O BOX 4957 SANTA ROSA BCH., FL 32459			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		03142007 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-2581325	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
NEWMAN, RAYMOND F JR 348 MIRACLE STRIP PARKWAY SW PARADISE VILLAGE SUITE 7 FORT WALTON BEACH, FL 32548			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 _____					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SHRIVER, SALLY		NAME		
STREET ADDRESS	4272 ARBOR CLUB DRIVE		STREET ADDRESS		
CITY-ST-ZIP	MARIETTA, GA 30066		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CANALE, SISSIE		NAME	Canale, Sissie	
STREET ADDRESS	1594 PEABODY AVENUE		STREET ADDRESS	1594 Peabody Avenue	
CITY-ST-ZIP	MEMPHIS, TN 38104		CITY-ST-ZIP	Memphis TN 38104	
TITLE	STD	<input type="checkbox"/> Delete	TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICE, SALLY		NAME	Rice, Sally	
STREET ADDRESS	3202 S DELAWARE PLACE		STREET ADDRESS	3202 S Delaware Place	
CITY-ST-ZIP	TULSA, OK 74105		CITY-ST-ZIP	Tulsa, OK 74105	
TITLE	D	<input type="checkbox"/> Delete	TITLE	ST/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TUCKER, KAREN		NAME	Cookston, Jim	
STREET ADDRESS	93 TUPELO STREET		STREET ADDRESS	2526 Mt. Vernon Road #B-313	
CITY-ST-ZIP	SANTA ROSA BEACH, FL 32459		CITY-ST-ZIP	Atlanta, GA 30338	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PROCTOR, MARY F		NAME	Redella, Bob	
STREET ADDRESS	115 SHORELINE DRIVE		STREET ADDRESS	23 Camden Road NE	
CITY-ST-ZIP	GULF BREEZE, FL 32561		CITY-ST-ZIP	Atlanta GA 30309	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <u>Sissie Canale</u>			Date: <u>4-18-07</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		
Sissie Canale					