


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 10, 2005 08:00 AM
Secretary of State

DOCUMENT # 763865


1. Entity Name
 SEAVIEW TOWNHOUSE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
 193 WOODETTE DR
 DUNEDIN, FL 34698

Mailing Address
 193 WOODETTE DR
 DUNEDIN, FL 34698

DO NOT WRITE IN THIS SPACE



08072005 No Chg-NP CR2E037 (10/03)

4. FEI Number
 59-2213353

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

SMITH, SODEN
 193 WOODETTE DR
 DUNEDIN, FL 34698

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

Filing Fee is \$61.25
Due by September 7, 2005

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

100000376064
 08/10/05-80002-006 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SMITH, SIDEN 193 WOODETTE DR DUNEDIN, FL 34698
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LUEDKE, JOHN 197 WOODETTE DR DUNEDIN, FL 34698
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CLAUS, CHERRIL 195 WOODETTE DR DUNEDIN, FL 34698
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KELLEHER, CHARLES 199 WOODETTE DR DUNEDIN, FL 34698
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Cherril Claus* **8-7-08** **727-738-4757**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #