

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 19, 2006 8:00 am**  
**Secretary of State**

01-19-2006 90078 028 \*\*\*\*61.25

**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**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01082006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number  
**59-2213353**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SMITH, SODEN  
193 WOODETTE DR  
DUNEDIN, FL 34698**

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

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, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete  
NAME **SMITH, SIDEN**  
STREET ADDRESS **193 WOODETTE DR**  
CITY-ST-ZIP **DUNEDIN, FL 34698**

TITLE **VPD** ☐ Delete  
NAME **LUEDKE, JOHN**  
STREET ADDRESS **197 WOODETTE DR**  
CITY-ST-ZIP **DUNEDIN, FL 34698**

TITLE **T** ☐ Delete  
NAME **CLAUS, CHERIL**  
STREET ADDRESS **195 WOODETTE DR**  
CITY-ST-ZIP **DUNEDIN, FL 34698**

TITLE **S** ☒ Delete  
NAME **KELLEHER, CHARLES**  
STREET ADDRESS **199 WOODETTE DR**  
CITY-ST-ZIP **DUNEDIN, FL 34698**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **SMITH, SODEN** ☒ Change ☐ Addition  
NAME **SMITH, SODEN**  
STREET ADDRESS  
CITY-ST-ZIP  
**spelling error**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **CLAUS, SHERIL** ☒ Change ☐ Addition  
NAME **CLAUS, SHERIL**  
STREET ADDRESS  
CITY-ST-ZIP  
**spelling error**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**vacant**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:

*Sheril A. Claus Treasurer*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-6-06

Date

7277384757  
Daytime Phone #