


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2007 08:00 AM
Secretary of State

DOCUMENT # 763865 1. Entity Name SEAVIEW TOWNHOUSE CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 193 WOODETTE DR DUNEDIN, FL 34698	Mailing Address 193 WOODETTE DR DUNEDIN, FL 34698
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DO NOT WRITE IN THIS SPACE



03042007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2213353	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

SMITH, SODEN
 193 WOODETTE DR
 DUNEDIN, FL 34698

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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 registering) _____ DATE _____

Filing Fee is \$61.25
Due by May 1, 2007

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SMITH, SODEN 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, SHERRI; 195 WOODETTE DR DUNEDIN, FL 34698
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 03/16/07-80026-003 61.25

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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: *Sherril Claus* **Sherril Claus** **3-4-07 727 2446404**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #