

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# G32065

**FILED**  
**Apr 13, 2012**  
**Secretary of State**

**Entity Name:** SEASIDE COMMUNITY DEVELOPMENT CORP.

**Current Principal Place of Business:**

121 CENTRAL SQ  
STE B  
SANTA ROSA BEACH, FL 32459

**New Principal Place of Business:**

121 CENTRAL SQUARE  
SUITE J  
SANTA ROSA BEACH, FL 32459

**Current Mailing Address:**

PO BOX 4730  
SANTA ROSA BEACH, FL 32459

**New Mailing Address:**

**FEI Number:** 59-2287873

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DAVIS, ROBERT S.  
121 CENTRAL SQ  
STE B  
SANTA ROSA BEACH, FL 32459 US

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

DAVIS, ROBERT S.  
121 CENTRAL SQ  
SUITE J  
SANTA ROSA BEACH, FL 32459 US

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

04/13/2012

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PT  
Name: DAVIS, ROBERT S.  
Address: 121 CENTRAL SQ, STE J  
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: S  
Name: DAVIS, DARYL R.  
Address: 121 CENTRAL SQ, STE B  
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: VP  
Name: AVERA, PAM  
Address: 121 CENTRAL SQ, STE B  
City-St-Zip: SANTA ROSA BEACH, FL 32459

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: PAM AVERA

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

GM

04/13/2012

\_\_\_\_\_  
Date