

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90013 050 ***150.00

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PROFIT CORPORATION
ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS



DOCUMENT # K15623

1. Corporation Name
SEASIDE VILLAS, INC.

Principal Place of Business

% GEORGE D. PERLMAN
799 BRICKELL PLAZA, SUITE 900
MIAMI FL 33131-9608
US

Mailing Address

C/O PERLMAN & FABER, P.A.
799 BRICKELL PLAZA, SUITE 900
MIAMI FL 33131
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 c/o Perlman & Associate, PA Suite, Apt. #, etc. Suite 900 22 799 Brickell Plaza City & State 23 Miami, Florida Zip 33131 Country USA		2a. Mailing Address 26 c/o Perlman & Associate, PA Suite, Apt. #, etc. Suite 900 27 799 Brickell Plaza City & State 28 Miami, Florida Zip 33131 Country USA		3. Date Incorporated or Qualified 02/22/1988	
				4. FEI Number 65-0037903	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent PERLMAN, AND FABER P 799 BRICKELL PLAZA SUITE 900 MIAMI FL 33131				10. Name and Address of New Registered Agent 81 Name Perlman & Associate, P.A. 82 Street Address (P.O. Box Number is Not Acceptable) 799 Brickell Plaza 83 Suite 900 84 City Miami FL 85 Zip Code 33131			
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11. Pursuant to the provisions of Sections 607.0602 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.
SIGNATURE George D. Perlman (NOTE: Registered Agent signature required when reinstating) DATE 2/18/99
GEORGE D. PERLMAN, President

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERLMAN, GEORGE D.	1.2 NAME	
STREET ADDRESS	799 BRICKELL PLAZA, SUITE 900	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	PTS <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHASTENET, BERTRAND	2.2 NAME	
STREET ADDRESS	799 BRICKELL PLAZA	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHASTENET, BERTRAND	3.2 NAME	
STREET ADDRESS	799 BRICKELL PLAZA SUITE 900	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: George D. Perlman GEORGE D. PERLMAN, President 2/18/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)