

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 12, 2008 8:00 am**  
**Secretary of State**

03-12-2008 90034 029 \*\*\*150.00

<b>DOCUMENT # L60386</b> 1. Entity Name <b>SEAVIEW MANAGEMENT CORPORATION</b>					
Principal Place of Business <b>ONE NORTH CLEMATIS STE 320 WEST PALM BEACH, FL 33401</b>			Mailing Address <b>ONE NORTH CLEMATIS STE 320 WEST PALM BEACH, FL 33401</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip      Country		City & State  Zip      Country		4. FEI Number <b>65-0182378</b> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				02222008      Chg-P      CR2E034 (12/06)	
6. Name and Address of Current Registered Agent  <b>BEDARD, JULIE ONE NORTH CLEMATIS, STE 320 WEST PALM BEACH, FL 33401</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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 reinstating)      DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GUBELMANN, WILLIAM S ONE NORTH CLEMATIS STE 320 WEST PALM BEACH, FL 33401	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D GUBELMANN, TANTIVY ONE N. CLEMATIS ST., STE 320 WEST PALM BEACH, FL 33401</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GUBELMANN, JAMES B ONE NORTH CLEMATIS, STE 320 WEST PALM BEACH, FL 33401	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D GUBELMANN, JAMES G. ONE N. CLEMATIS ST., STE 320 WEST PALM BEACH, FL 33401</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BEDARD, JULIE M ONE NORTH CLEMATIS, STE 320 WEST PALM BEACH, FL 33401	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAEIN, MARJORIE ONE NORTH CLEMATIS STE 320 WEST PALM BEACH, FL 33401	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUBELMANN, PHOEBLE ONE N. CLEMENTS ST. #320 WEST PALM BEACH, FL 33401	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUBELMANN, WYETH ONE NORTH CLEMATIS, STE 320 WEST PALM BEACH, FL 33401	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 607, 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.					
<b>SIGNATURE:</b> _____ <b>JULIE BEDARD 2/22/08</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #					

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