


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 08, 2007 8:00 am**  
**Secretary of State**

03-08-2007 90018 038 \*\*\*\*61.25

<b>DOCUMENT # N01000008979</b> 1. Entity Name <b>SEASIDE ESTATES HOMEOWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>% SEASIDE ARBORS MANAGEMENT 2189 CLEVELAND ST, STE 225 CLEARWATER FL 33765</b>			Mailing Address <b>% SEASIDE ARBORS MANAGEMENT 2189 CLEVELAND ST, STE 225 CLEARWATER FL 33765</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip      Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip      Country			
<b>6. Name and Address of Current Registered Agent</b> <b>LEIGHTON, LENNARD 2189 CLEVELAND STREET, STE 225 CLEARWATER FL 33765</b>				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make Check Payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD CHASE, CRAIG 126 BRENT CIRCLE OLDSMAR FL 34677	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD VAN DORSTEN, LAURA 126 BRENT CIRCLE OLDSMAR FL 34677	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD COLBERT, DIANE 130 BRENT CIRCLE OLDSMAR FL 34677	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LEE, ANGIE 152 BRENT CIRCLE OLDSMAR FL 34677	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JACKSON, JERRY 129 BRENT CIRCLE OLDSMAR FL 34677	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GRABER, JANET 160 BRENT CIRCLE OLDSMAR FL 34677	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LEO BLUMHAGEN 156 BRENT CIRCLE OLDSMAR, FL 34677	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ANGIE REA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP / D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GRABER, JANET 160 BRENT CIRCLE OLDSMAR FL 34677	<input type="checkbox"/> Change <input type="checkbox"/> Addition			



1st MOORE CR2E037 (10/06)

4. FEI Number **40-0000555** Applied For ☐ Not Applicable ☐

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2-20-07*

Date

Daytime Phone #

ATTACHMENT  
40032163

#V01000008979

#V01000008979

D  
ED PRINCE  
167 BRENT CIRCLE  
OLDSMAR, FL 34677