

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008979

FILED  
Apr 15, 2011  
Secretary of State

**Entity Name:** SEASIDE ESTATES HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

7300 PARK STREET  
SEMINOLE, FL 33777

**New Principal Place of Business:**

**Current Mailing Address:**

7300 PARK STREET  
SEMINOLE, FL 33777

**New Mailing Address:**

**FEI Number:** 40-0000555

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

REINHARDT, DEBRA  
7300 PARK STREET  
SEMINOLE, FL 33777 US

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

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

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: PETRACCO, ANN  
Address: 147 BRENT CIRCLE  
City-St-Zip: OLDSMAR, FL 34677

Title: DVP  
Name: MUFFS, DAVID  
Address: 148 BRENT CIRCLE  
City-St-Zip: OLDSMAR, FL 34677

Title: DS  
Name: WELLHAUSER, EVELYN  
Address: 160 BRENT CIRCLE  
City-St-Zip: OLDSMAR, FL 33777

Title: DT  
Name: GARCIA, PAM  
Address: 137 BRENT CIRCLE  
City-St-Zip: OLDSMAR, FL 33777

Title: D  
Name: COLBETH, DON  
Address: 130 BRENT CIRCLE  
City-St-Zip: OLDSMAR, FL 33777

Title: D  
Name: CAYWOOD, COOPER  
Address: 106 BRENT CIRCLE  
City-St-Zip: OLDSMAR, FL 33777

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

SIGNATURE: DEBRA REINHARDT

CEO

04/15/2011

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

\_\_\_\_\_  
Date