

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Apr 29, 2005 08:00 AM  
Secretary of State**

**DOCUMENT # N01652**

**1. Entity Name**

**SEAVIEW TOWNHOUSE EAST OF DUNEDIN  
CONDOMINIUM ASSOCIATION, INC.**



**Principal Place of Business**

**2659 ST JOSEPH DR. E  
DUNEDIN, FL 34698 US**

**Mailing Address**

**2655 ST. JOSEPH  
DUNEDIN, FL 34698 US**



**04252005 No Chg-NP**

**CR2E037 (10/03)**

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number**

**59-1425142**

**Applied For**

**Not Applicable**

**5. Certificate of Status Desired**



**\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**CIANFRONE, P.A. J  
1968 BAYSHORE BLVD  
DUNEDIN CAUSEWAY CENTER  
DUNEDIN, FL 34698**

**DO NOT WRITE  
IN THIS SPACE**

**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**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2005**

**9. Election Campaign Financing  
Trust Fund Contribution.**



**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

**TITLE PD  
NAME CAMPBELL, DANIEL A  
STREET ADDRESS 2657 ST. JOSEPH DR., EAST  
CITY-ST-ZIP DUNEDIN, FL 34698**

**TITLE TD  
NAME BOEHMER, ANN F  
STREET ADDRESS 2655 ST. JOSEPH DR., EAST  
CITY-ST-ZIP DUNEDIN, FL 34698**

**TITLE SD  
NAME TAYLOR, CYNTHIA  
STREET ADDRESS 2659 ST. JOSEPH DR. EAST  
CITY-ST-ZIP DUNEDIN, FL 34698**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

**U000000341218  
04/29/05-80006-024 61.25**

**DO NOT WRITE  
IN THIS SPACE**

**12. 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 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:**

*Ann F. Boehmer*

*ANN F. BOEHMER*

*4/26/05*

*(727)*

*787-8677*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #