

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2006 8:00 am
Secretary of State

01-20-2006 90029 034 ****61.25

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DOCUMENT # N02000008186					
1. Entity Name SEMINOLE SEABIRDS, EAA ULTRALIGHT CHAPTER #120, INC.					
Principal Place of Business 419 HARBOR DRIVE SOUTH INDIAN ROCKS BEACH, FL 33785			Mailing Address 419 HARBOR DRIVE SOUTH INDIAN ROCKS BEACH, FL 33785		
2. Principal Place of Business		3. Mailing Address		01052006 Chg-NP CR2E037 (11/05)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 16-1636111	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
COHEN, STEVEN B 419 HARBOR DRIVE SOUTH INDIAN ROCKS BEACH, FL 33785				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>	
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) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE P	NAME KLEIN, PHILIP <input type="checkbox"/> Delete			TITLE P	Steven B. Cohen <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 10140 117TH PLACE	CITY-ST-ZIP LARGO, FL 33773			STREET ADDRESS 419 Harbor Drive South	CITY-ST-ZIP Indian Rocks Beach, FL 33716
TITLE VP	NAME FAGERQUIST, ROBERT <input type="checkbox"/> Delete			TITLE VP	Klein, Philip <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 11950 117TH STREET N	CITY-ST-ZIP LARGO, FL 33778			STREET ADDRESS 10140 117th. Place	CITY-ST-ZIP Largo, FL 33773
TITLE TD	NAME BARRETTO, RON <input type="checkbox"/> Delete			TITLE TD	Bradford West <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 6710 121ST STREET	CITY-ST-ZIP SEMINOLE, FL 33772			STREET ADDRESS 11104 Harborside Dr.	CITY-ST-ZIP Largo, FL 33773
TITLE S	NAME COHEN, STEVEN B <input type="checkbox"/> Delete			TITLE 	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 419 HARBOR DRIVE SOUTH	CITY-ST-ZIP INDIAN ROCKS BEACH, FL 33785			STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition	CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input type="checkbox"/> Delete	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <input type="checkbox"/> Delete	CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition			STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition	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 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: Steven B. Cohen				1/6/06 727-656-1833	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>	