

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005561

FILED
Apr 30, 2008
Secretary of State

Entity Name: SEASIDE AT ANASTASIA CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

205 ATLANTIS CIRCLE
SAINT AUGUSTINE, FL 32080

New Principal Place of Business:

Current Mailing Address:

205 ATLANTIS CIRCLE
SAINT AUGUSTINE, FL 32080

New Mailing Address:

FEI Number: 80-0073687

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRISWOLD, GAIL A CAM
205 ATLANTIS CIRCLE
SAINT AUGUSTINE, FL 32080 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: TRES () Delete
Name: DOMKE, TIMOTHY
Address: 80 SURFVIEW DRIVE SUITE 421
City-St-Zip: PALM COAST, FL 32137

Title: PRES () Delete
Name: FLEMING, KATHLEEN
Address: 245 ATLANTIS CIRCLE SUITE 202C
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: SEC () Delete
Name: CUPOLO, STEVE
Address: 9299 JULY LANE
City-St-Zip: ST AUGUSTINE, FL 32080

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SEC (X) Change () Addition
Name: SCHNEIDER, EDWARD
Address: 9277 JULY LANE
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: TRES (X) Change () Addition
Name: FLEMING, KATHLEEN
Address: 245 ATLANTIS CIRCLE SUITE 202C
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: PRES (X) Change () Addition
Name: CUPOLO, STEVE
Address: 9299 JULY LANE
City-St-Zip: ST AUGUSTINE, FL 32080

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: STEVE CUPOLO

PRES

04/30/2008

Electronic Signature of Signing Officer or Director

Date