

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # N03000005847

1. Entity Name
SAVE OUR SEACOAST, INC.



Principal Place of Business
**1225 S OCEAN BLVD
DELRAY BEACH, FL 33485**

Mailing Address
**615 N OCEAN BLVD
DELRAY BEACH, FL 33483**



01122007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0088051

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**EDICK, RICHARD
615 N OCEAN BLVD
DELRAY BEACH, FL 33483**

**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 \$81.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**UN00000611377
02/02/07-80059-013 70.00**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
EDICK, RICHARD
615 N OCEAN BLVD
DELRAY BEACH, FL 33483**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BOND, INA
711 N OCEAN BLVD
DELRAY BEACH, FL 33483**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
GOLDBLUM, GEORGANNE
615 N OCEAN BLVD
DELRAY BEACH, FL 33493**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
CAMPBELL, ALEX
1225 S OCEAN BLVD, #1105
DELRAY BEACH, FL 33483**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DST
BATES, STEPHEN
1225 S OCEAN BLVD
DELRAY BEACH, FL 33485**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BROWN, MARTIN
#2 DRIFTWOOD LANDING
GULFSTREAM, FL 33483**

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1.12.07 561-330-9760