


FILED
Feb 23, 2004 8:00 am
Secretary of State

<h1>DOCUMENT # N03000006401</h1>			
1. Entity Name SEASIDE MOORINGS CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 525 8TH ST W BRADENTON, FL 34205		Mailing Address 525 8TH ST W BRADENTON, FL 34205	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent			
MAPES, REED W 525 8TH ST W BRADENTON, FL 34205		Name	
		Street Address	
		City	
8. The above named entity submits this statement for the purpose of changing its registered office or registering the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required)</small>			
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPS MAPES, REED W 525 8TH ST W BRADENTON, FL 34205	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP WILSON, PAMELA C 1281 GULF OF MEXICO DR UNIT #1006 LONGBOAT KEY, FL 34228	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT WILSON, JEFFREY E 1281 GULF OF MEXICO DR UNIT #1006 LONGBOAT KEY, FL 34228	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	
11.			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in 3. indicated on this report or supplemental report is true and accurate and that my signature shall have the effect of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 6, changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			