2004 NOT-FOR-PROFIT CORPORATION

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 23, 2004 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # N03000006401 02-23-2004 90025 044 ****61.25 1. Entity Name SEASIDE MOORINGS CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 525 8TH ST W 525 8TH ST W BRADENTON, FL 34205 BRADENTON, FL 34205 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02132004 CR2E037 (10/03) Cha-NP Applied For City & State City & State 4. FEI Number Not Applicable Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MAPES, REED W Street Address (P.O. Box Number is Not Acceptable) 525 8TH ST W BRADENTON, FL. 34205 City Zip Code 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 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be П Trust Fund Contribution. Florida Department of State Due by May 1, 2004 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Addition ☐ Delete TITLE Change TITLE MAPES, REED W NAME NAME STREET ADDRESS STREET ADDRESS 525 8TH ST W BRADENTON, FL 34205 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME WILSON, PAMELA C NAME 1281 GULF OF MEXICO DR UNIT #1006 STREET ADDRESS STREET ADDRESS LONGBOAT KEY, FL 34228 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE WILSON, JEFFREY E NAME 1281 GULF OF MEXICO DR UNIT #1006 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LONGBOAT KEY, FL 34228 CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ___ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Defete ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 of 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.

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