

FILED
Feb 02, 2004 8:00 am
Secretary of State

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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01-12-2004 90016 009 ****70.00

DOCUMENT # N03000008396			
1. Entity Name SEAGULL ACADEMY FOR INDEPENDENT LIVING, INC.			
Principal Place of Business 3879 W INDUSTRIAL WAY RIVIERA BCH, FL 33404		Mailing Address 3879 W INDUSTRIAL WAY RIVIERA BCH, FL 33404	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 57-1188123		Applied For Not Applicable	
5. Certificate of Status Desired		X \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
EISINGER, ALFRED N 3879 W INDUSTRIAL WAY RIVIERA BCH, FL 33404		Name Street Address (P.O. Box Number is Not Acceptable) City FL 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: _____ (NOTE: Registered Agent signature required when reappointing)			
Filing Fee is \$61.25 Due by May 1, 2004		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	ISINGER, ALFRED	TITLE	RESIDENT (P)
NAME	13763 ALDSWORTH CT	NAME	EISINGER, ALFRED
STREET ADDRESS	WELLINGTON, FL 33414	STREET ADDRESS	10281 TRIANON PLACE
CITY-ST-ZIP		CITY-ST-ZIP	WELLINGTON, FL 33467
TITLE	D	TITLE	
NAME	DOLBOW, KATHY	NAME	
STREET ADDRESS	1392 WATERWAY COVE DR	STREET ADDRESS	
CITY-ST-ZIP	WELLINGTON, FL 33414	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	CHOUINARD, ELLEN	NAME	
STREET ADDRESS	6844 BREEZELOCK CT	STREET ADDRESS	
CITY-ST-ZIP	JUPITER, FL 33458	CITY-ST-ZIP	
TITLE	D	TITLE	D
NAME	HAYS, RICHARD	NAME	KARIN MANNCHON
STREET ADDRESS	5700 LAKE WORTH RD	STREET ADDRESS	8 SOUTH J STREET
CITY-ST-ZIP	GREENACRES, FL 33463	CITY-ST-ZIP	LAKE WORTH, FL 33460
TITLE		TITLE	VICE PRESIDENT (V)
NAME	PETRILLO, KATHY	NAME	
STREET ADDRESS	328 LEEWARD DR	STREET ADDRESS	
CITY-ST-ZIP	JUPITER, FL 33477	CITY-ST-ZIP	
TITLE		TITLE	SECRETARY/TREASURER (S/T)
NAME	ARTH, TOM	NAME	
STREET ADDRESS	240 TAMOSHANTER DR	STREET ADDRESS	
CITY-ST-ZIP	PALM SPRINGS, FL 33481	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 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: <u>ALFRED EISINGER, PRESIDENT</u>		1/6/04 (381)842-5814	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # 813/	

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