2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## Feb 07, 2006 08:00 AM Secretary of State DOCUMENT # N04000000148 SEASHORE VILLAGE NEIGHBORHOOD ASSOCIATION, INC. Mairing Address Principal Place of Business 54 SEASHORE CIR SANTA ROSA BEACH FL 32459 54 SEASHORE CIR SANTA ROSA BEACH FL 32459 2. Principal Place of Business 3. Mailing Address Scite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State 4. FEt Number Applied For 16-1695298 Not Applicable Ζφ Country Ζiρ Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WILKERSON, WESLEY Street Address (P.O. Box Number is Not Acceptable) 54 SEASHORE CIR SANTA ROSA BEACH FL 32459 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 fifte if applicable (NOTE: Robistured Agent aigneture required when reinstating) DATE The state of the s FILE NOW: FEE IS \$61.25 Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2006 Trust Fund Confribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. Delete ☐ Change ☐ Addition TITLE BILE WILKERSON, WESLEY NAME NAME U00000424825 STREET ADDRESS 54 SEASHORE CIR STREET ADDRESS 02/18/06-80068-003 61.25 SANTA ROSA BEACH FL 32459 City-St-ZIP CITY: ST-ZIP TITLE 🗆 Delete TITLE ☐ Change ☐ Addition WILKERSON, JENNIFER C NAME NAME 54 SEASHORE CIR STREET ADDRESS STREET ADORESS CITY-ST-ZIP SANTA ROSA BEACH FL 32459 CITY-ST-Z7P TITLE 🗀 Delete BITLE Change ☐ Addition MAME MCMORROW, WILMA J NAME STREET ADDRESS STREET ADDRESS 586 FARIWAY CT CITY-ST-ZIP FT WALTON BEACH FL 32547 CITY-ST-ZIP HITLE Delcte ☐ Addition 7171 F ☐ Change MAME NAME STREET ACCRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZSP ☐ Addition TITLE 🔲 Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ACCRESS C(TY-SI-ZIP CITY-ST-ZIP Delete TITLE TITLE Change Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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12. It hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.