


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 08, 2005 8:00 am**  
**Secretary of State**

04-08-2005 90027 017 \*\*\*\*61.25

<b>DOCUMENT # N04000002196</b> 1. Entity Name <b>SEANEST VILLAGE HOMEOWNERS ASSOCIATION, INC.</b>		
Principal Place of Business <b>2167 NORTH DRIVE MEMPHIS TN 38112</b>		Mailing Address <b>2167 NORTH DRIVE MEMPHIS TN 38112</b>
2. Principal Place of Business <b>5311 E. CO. HWY 30A</b> Suite, Apt. #, etc.	3. Mailing Address <b>P.O. Box 4703</b> Suite, Apt. #, etc.	
City & State <b>SANTA ROSA BEACH, FL</b> Zip <b>32459</b>	City & State <b>SANTA ROSA BEACH, FL</b> Zip <b>32459</b>	Country <b>4703</b>
4. FEI Number <b>58-2402689</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>
6. Name and Address of Current Registered Agent <b>ALDRICH, RUSSELL D 4636 GULFSTARR DRIVE DESTIN FL 32541</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>		
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
<b>Make Check Payable to Florida Department of State</b>		
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>PTD RYAN, CHARLES S 2167 NORTH DRIVE MEMPHIS TN 38112</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>VSD ALDRICH, RUSSELL D 4636 GULFSTARR DRIVE DESTIN FL 32541</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>D ALDRICH, CINDY JO 4636 GULFSTARR DRIVE DESTIN FL 32541</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition

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:**

*Charles S. Ryan*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3/15/05*  
Date

*850-231-6004*  
Daytime Phone #