


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90534 033 \*\*\*\*61.25

DOCUMENT # N04000008242					
1. Entity Name <b>SEAVIEW AT HONEYMOON ISLAND CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business 1529 CATHERINE ST #30 ORLANDO, FL 32801			Mailing Address 1529 CATHERINE ST #30 ORLANDO, FL 32801		
2. Principal Place of Business <b>439 S. PAULA DR.</b> Suite, Apt. #, etc.		3. Mailing Address <b>C/O CMC INC.</b> <b>4125 EAST BAY DRIVE</b> Suite, Apt. #, etc. <b>SUITE 205</b>			
City & State <b>DUNEDIN, FLORIDA</b>		City & State <b>CLEARWATER, FLORIDA</b>		4. FEI Number <b>20-2031280</b>	
Zip <b>34698</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip <b>34698</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SAVKO, JIM</b> <b>1708 MORNINGS DALE</b> <b>ORLANDO, FL 32806</b>			7. Name and Address of New Registered Agent Name <b>HAL HILDEBRANDT</b> Street Address (P.O. Box Number is Not Acceptable) <b>C/O CMC INC.</b> <b>4125 EAST BAY DR. #205</b> City <b>CLEARWATER</b> FL Zip Code <b>33764</b>		
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 <u><i>Hal Hildebrandt</i></u> <u><i>Hal Hildebrandt</i></u> <u>4/28/05</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>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</b> <b>Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES-D <b>JOSEPH A. DATTILO, SR</b> <b>439 S. PAULA DR. #104</b> <b>DUNEDIN, FL 34698</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	VP-D <b>WAYNE WILLIAMS</b> <b>439 S. PAULA DR. #206</b> <b>DUNEDIN, FL 34698</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	SEC/TREAS/D <b>ALEX MUSCATI</b> <b>439 S. PAULA DR. #105</b> <b>DUNEDIN, FL 34698</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: <u><i>Joe Dattilo</i></u> <u>4/28/05</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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