

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000009299

FILED  
Jun 29, 2005  
Secretary of State

**Entity Name:** SEASHORE VILLAGE WEST NEIGHBORHOOD ASSOCIATION, INC.

**Current Principal Place of Business:**

74 MAJESTICA CIRCLE  
SANTA ROSA BEACH, FL 32459

**New Principal Place of Business:**

**Current Mailing Address:**

74 MAJESTICA CIRCLE  
SANTA ROSA BEACH, FL 32459

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

GUERNSEY, RONALD  
74 MAJESTICA CIRCLE  
SANTA ROSA BEACH, FL 32459 US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: GUERNSEY, RONALD  
Address: 74 MAJESTICA CIRCLE  
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: D ( ) Delete  
Name: GUERNSEY, MARTHA J  
Address: 74 MAJESTICA CIRCLE  
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: D ( ) Delete  
Name: SCHULTZ, DEBRA  
Address: 8331 LONGNEEDLE DRIVE  
City-St-Zip: MONTGOMERY, AL 36117

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RON GUERNSEY

D

06/29/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date