

# 2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N05000004983

1. Entity Name  
SEAVIEW VILLAGE FLORIDA COTTAGE OWNERS  
ASSOCIATION, INC.



Principal Place of Business  
11038 MIDDLE BEACH ROAD, PO BOX 9399  
PANAMA CITY BEACH, FL 32407

Mailing Address  
11038 MIDDLE BEACH ROAD, PO BOX 9399  
PANAMA CITY BEACH, FL 32407

2. Principal Place of Business - No P.O. Box #  
10200 Clarence St  
Suite, Apt. #, etc.

3. Mailing Address  
P.O. Box 9399  
Suite, Apt. #, etc.

City & State  
Panama City Bch FL  
Zip  
32407  
Country  
Bay

City & State  
Panama City Bch FL  
Zip  
32417  
Country  
Bay

4. FEI Number  
20-2902737

Applied Fee  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

WALTERS, ELIZABETH J  
221 MCKENZIE AVENUE  
PANAMA CITY, FL 32401

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$122.50

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

Make check payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
President  
J. David Harris  
10200 Clarence St  
Panama City Bch FL  
32407

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Panama City Bch  
Florida 32407

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
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CITY-ST-ZIP  
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/07

Date

850234-7252

Daytime Phone #

FILED  
07 MAR 12 AM 11:50

DEPT. OF STATE  
TALLAHASSEE, FLORIDA



0307 REINSTATEMENT 06-07 (1/07)