2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Feb 20, 2006 8:00 am Secretary of State 02-20-2006 90036 036 ****61.25

DOCUMENT # N05000012133 1. Entity Name SEAVIEW PARK CLUB CONDOMINIUM B ASSOCIATION, INC.							02-20-200	6 900 3 6 0)36 ****(51.25
8190 STATE RD 84 819		Mailing Address 8190 STATE RD 84 DAVIE, FL 33324	90 STATE RD 84			,60019139				
				no.=-						
2. Principal Place of Business 3		3. Mailing Address	3. Mailing Address				# Ellik (Jesu Belil Ba			
Suite, Apt. #, etc.		Suite, Apt. #, etc.				02072006	Chg-NP	CR2E03	7 (11/05)	
City & State		City & State				4. FEI Number 20-3929	623		<u> </u>	oplied For ot Applicable
Zip	Country Zip		Country			5. Certificate of			\$8.75 Add	ditional
	6. Name and Address of Current	Registered Agent				7. Name and A	idress of New f	Registered A	gent	
PATRICIA KIMBALL FLETCHER, P.A. 8190 STATE RD 84 DAVIE, FL 33324				Name Street Address (P.O. Box Number is Not Acceptable)						
	•			City				FL.	Zip Code	e
	named entity submits this statement for	r the purpose of changing	its register	red office or	register	ed agent, or both,	in the State of FI	orida. I am f	amiliar with,	and accept
signature	ions of registered agent. Signature, typed or printed name of registered agent	and title if applicable. (I	VOTE: Registers	ed Agent signatu	es cacuired	union calculations		DATE		
ì					a conquerco	with the property.		ONIC		
	Filing Fee is \$61.25 Due by May 1, 2006	9. Election	<u> </u>	Financing		\$5.00 May Be Added to Fees		lake check		o 😅 🐣 🎎
10.	Due by May 1, 2006 OFFICERS AND DI	9. Election Trust Fur RECTORS	Campaign I d Contribu	Financing tion.	0	\$5.00 May Be	Flo	lake check rida Départ	payable to ment of St ECTORS IN	tate
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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: MULES SEMANGER MARLENE SEMANGER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR