


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 25, 2007 8:00 am**  
**Secretary of State**

01-25-2007 90040 027 \*\*\*\*61.25

|   |  |  |   |
|---|--|--|---|
| <b>DOCUMENT # N05000012133</b><br>1. Entity Name<br><b>SEAVIEW PARK CLUB CONDOMINIUM B ASSOCIATION, INC.</b>  |  |   |   |
| Principal Place of Business<br><b>8190 STATE RD 84<br/>DAVIE, FL 33324</b>  |  | Mailing Address<br><b>8190 STATE RD 84<br/>DAVIE, FL 33324</b>   |   |
| 2. Principal Place of Business - No P.O. Box #<br><b>8151 Peters Road</b>   |  | 3. Mailing Address<br><b>8151 Peters Road</b>  |   |
| Suite, Apt. #, etc.<br><b>Crossroads Bldg. #2</b>   |  | Suite, Apt. #, etc.<br><b>Crossroads Bldg. #2</b>  |   |
| City & State<br><b>Plantation, FL 33324</b>   |  | City & State<br><b>Plantation, FL 33324</b>  |   |
| Zip<br>   | Country<br>  | Zip<br>  | Country<br>   |
| <b>6. Name and Address of Current Registered Agent</b><br><br><b>JEFFREY R. MARGOLIS, P.A.<br/>C/O DUANE MORRIS LLP<br/>200 SOUTH BISCAYNE BLVD., SUITE 3400<br/>MIAMI, FL 33131</b>  |  | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="text-align: right;"><b>FL</b> Zip Code</div> |   |
| 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 _____<br><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<br/>Due by May 1, 2007</b>   |  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees  |   |
| <b>Make check payable to<br/>Florida Department of State</b>  |  |  |   |
| <b>10. OFFICERS AND DIRECTORS</b>   |  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <b>DP</b><br><b>SCHRAGER, MARLENE</b><br><b>8190 STATE RD 84</b><br><b>DAVIE, FL 33324</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <b>DST</b><br><b>VANESS, RICHARD</b><br><b>8190 STATE RD 84</b><br><b>DAVIE, FL 33324</b> <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <b>DST</b><br><b>CUMMINGS, KENDALL</b><br><b>8151 Peters Road</b><br><b>Plantation, FL 33324</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <b>DV</b><br><b>AREAN, CARLOS</b><br><b>8190 STATE RD 84</b><br><b>DAVIE, FL 33324</b> <input type="checkbox"/> Delete     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <b>DV</b><br><b>PAPALE, MICHAEL</b><br><b>8151 Peters Road</b><br><b>Plantation, FL 33324</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |



01052007 Chg-NP CR2E037 (12/06)

4. FEI Number  
**20-3929623** Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

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:** *Marlene Schrager* **MARLENE SCHRAGER**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/23/07* **951-370-0003**  
Date Daytime Phone #