2008 NOT-FOR-PROFIT CORPORATION

May 01, 2008 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # N05000012133 05-01-2008 90274 001 ***183.75 SEAVIEW PARK CLUB CONDOMINIUM B ASSOCIATION, INC. Principal Place of Business Mailing Address **eennaapr** 8151 PETERS ROAD 8151 PETERS ROAD CROSSROADS BLDG # 2 CROSSROADS BLDG # 2 PLANTATION, FL 33324 DAVIE, FL 33324 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 200 S. Oranew Avenue 200 S. Orange Avenue Suite, Apt. #, etc. Suite, Apt. #, etc. 04112008 Chg-NP CR2E037 (12/06) Suite 1900 Suite 1900 4. FEI Number 20-3929623 Applied For City & State City & State Orlando Orlando Not Applicable Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 32801 32801 Fee Required USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Robert M. Gardner JEFFREY R. MARGOLIS, P.A. Street Address (P.O. Box Number is Not Acceptable) 200 5 Orange Avenue C/O DUANE MORRIS LLP 200 SOUTH BISCAYNE BLVD., SUITE 3400 MIAMI, FL 33131 Zip Code 3 2-80 Orlando 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 stered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2008 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. **Addition** TITLE Delete TITLE ☐ Change Robert M. Gardner SCHRAGER, MARLENE NAME NAME. 200 s. Ovange Avenue, suite 1900 8190 STATE RD 84 STREET ADDRESS STREET ADDRESS DAVIE, FL 33324 CITY-ST-ZIP CiTY-ST-ZIP Orlando **⊠** Addition TITLE Delete TITLE ☐ Change Janice Entsminger 2005. Orlando Avenue, Suite 1900 **CUMMINGS, KENDALL** NAME NAME 8151 PETERS ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP O/lando FL 32801 PLANTATION,"FL 33324 CITY-ST-7IP TITLE ☐ Change **⊠** Addition Delete TITLE Brett Sealy PAPALE, MICHAEL NAME NAME 2005. Orange Avence, Suite 1900 STREET ADDRESS 8151 PETERS ROAD STREET ADDRESS PLANTATION, FL 33324 CITY-ST-ZIP Orlando, FL 32801 CITY-ST-7IP ☐ Delete TITLE ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition TITLE Delete TITLE NAME

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 expolemental 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 of trustee employees 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 all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME STREET ADDRESS

City-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

40748(9182

Osytime Phone #