

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

08 SEP 24 PM 2: 06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



08272008 Chg-NP CR2E037 (12/06)

DOCUMENT # N06000009738 1. Entity Name SEVEN SEAS CRUISING ASSOCIATION FOUNDATION, INC.					
Principal Place of Business 2501 E COMMERCIAL BLVD STE 201 FT LAUDERDALE, FL 33308			Mailing Address 2501 E COMMERCIAL BLVD STE 201 FT LAUDERDALE, FL 33308		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-3302730	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
STEWART, JAMES 21760 SW 41 LOOP DUNNELLON, FL 34431			Name SEVEN SEAS CRUISING ASSOCIATION, INC. Street Address (P.O. Box Number is Not Acceptable) 2501 E. COMMERCIAL BLVD Ste 201 City FT LAUDERDALE FL Zip Code 33308		
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			DONALD GODDMAN, TTEE, TREASURER		8 SEP 2008
Amended AR is \$61.25			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE D <input checked="" type="checkbox"/> Delete	NAME WATT, KATHLEEN		TITLE T/P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME LEEDS, STEPHEN	
STREET ADDRESS 6 BAYBERRY LANE	CITY-ST-ZIP KEY LARGO, FL 33307		STREET ADDRESS 900 River Reach Dr Unit 112	CITY-ST-ZIP FT LAUDERDALE FL 33315	
TITLE D <input checked="" type="checkbox"/> Delete	NAME LEEDS, STEPHEN		TITLE T/VP/IS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME McCourt, Laura	
STREET ADDRESS 773 MIDDLE RIVER DR	CITY-ST-ZIP FORT LAUDERDALE, FL 33304		STREET ADDRESS 1350 River Reach Dr Unit 309	CITY-ST-ZIP FT LAUDERDALE FL 33315	
TITLE DT <input checked="" type="checkbox"/> Delete	NAME STEWART, JAMES		TITLE T/T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME GODDMAN, DONALD	
STREET ADDRESS 21760 SW 91 LOOP	CITY-ST-ZIP DUNELLON, FL 34431		STREET ADDRESS 3201 NE 183 ST # 1503	CITY-ST-ZIP AVENTURA FL 33160	
TITLE <input type="checkbox"/> Delete	NAME STREET ADDRESS CITY-ST-ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete	NAME STREET ADDRESS CITY-ST-ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete	NAME STREET ADDRESS CITY-ST-ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME STREET ADDRESS CITY-ST-ZIP	
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 trustee 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:			DONALD GODDMAN, TTEE, TREASURER		305-932-9292
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #
			8 SEP 2008		

KS