

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	
Zip		Zip	
Country		Country	
4. FEI Number 20-3302730		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent STEWART, JAMES 21760 SW 41 LOOP DUNNELLON, FL 34431		7. Name and Address of New Registered Agent 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: <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DONALD GODDMAN, TTEE, TREASURER <small>(NOTE: Registered Agent signature required when reinstating)</small>	
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 NAME: WATT, KATHLEEN STREET ADDRESS: 6 BAYBERRY LANE CITY-ST-ZIP: KEY LARGO, FL 33307	<input checked="" type="checkbox"/> Delete	TITLE: T/P NAME: LEEDS, STEPHEN STREET ADDRESS: 900 River Reach Dr Unit 112 CITY-ST-ZIP: FT LAUDERDALE FL 33315	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: LEEDS, STEPHEN STREET ADDRESS: 773 MIDDLE RIVER DR CITY-ST-ZIP: FORT LAUDERDALE, FL 33304	<input checked="" type="checkbox"/> Delete	TITLE: T/VP/S NAME: McCourt, Laura STREET ADDRESS: 1350 River Reach Dr Unit 309 CITY-ST-ZIP: FT LAUDERDALE FL 33315	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: DT NAME: STEWART, JAMES STREET ADDRESS: 21760 SW 91 LOOP CITY-ST-ZIP: DUNELLON, FL 34431	<input checked="" type="checkbox"/> Delete	TITLE: T/T NAME: GODDMAN, DONALD STREET ADDRESS: 3201 NE 183 ST # 1503 CITY-ST-ZIP: AVENTURA FL 33160	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DONALD GODDMAN, TTEE, TREASURER Date: 8 SEP 2008 Daytime Phone #: 305-932-9292	

KS