


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 08:00 AM
Secretary of State

DOCUMENT # N07000001266	
1. Entity Name SEAGLADES ASSOCIATION, INC.	

Principal Place of Business 11320 SEAGLADES DR PENSACOLA, FL 32507	Mailing Address 11320 SEAGLADES DR PENSACOLA, FL 32507
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04272008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 07-1148552	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
GUTTMANN, MICHAEL L 314 S BAYLEN ST STE 201 PENSACOLA, FL 32502

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000937647
 05/27/08-80060-010 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCLENDON, WILLIAM 11320 SEAGLADES DR PENSACOLA, FL 32507
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FORBES, CHERYL 11402 SEAGLADES DR PENSACOLA, FL 32507
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GUTTMANN, MICHAEL 11315 SEAGLADES DR PENSACOLA, FL 32507
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KEANEY, JOANN 11313 SEAGLADES DR PENSACOLA, FL 32507
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: William A. McLendon Date: 4/27/08 Daytime Phone #: 393-1777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR