

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 04, 2006 8:00 am
Secretary of State

04-04-2006 90147 026 ****61.25

DOCUMENT # N08965

1. Entity Name
SEASIDE TERRACE CONDOMINIUM, INC.



Principal Place of Business
**C/O WOODS MANAGEMENT
2740 WEST 5TH AVENUE
HIALEAH, FL 33010**

Mailing Address
**C/O WOODS MANAGEMENT
2740 WEST 5TH AVENUE
HIALEAH, FL 33010**

DO NOT WRITE IN THIS SPACE



01092006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-2563199

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**DELGADO, JOAGUIR
WOODS MANAGEMENT
2740 WEST 5TH AVENUE
HIALEAH, FL 33010**

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IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**PD
THURSTON, JOEL
9241 COLLINGS AVENUE #16
SURFSIDE, FL**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**STD
BONDURANT, WALTON
706 LONDON BOULEVARD
PORTSMOUTH, VA 23704**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**VD
TERRANOVA, CARL
120 WALKER ST 1 FLOOR WEST
NEW YORK CITY, NY 10013**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WALTON G. BONDURANT JR

Date

2/16/06

Daytime Phone #

7573974677