

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 28, 2007 08:00 A**  
**Secretary of State**

**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**



01082007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

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

**DO NOT WRITE  
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, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

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

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

TITLE VD  
NAME TERRANOVA, CARL  
STREET ADDRESS 120 WALKER ST 1 FLOOR WEST  
CITY-ST-ZIP 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

U00000651807  
03/09/07-80022-010 61.25

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**WALTON G. BONDURANT, JR.**  
**SAC / TREAS**

**2/26/07**  
Date

**757-397-4677**  
Daytime Phone #