


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2008 08:00 AM
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
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01092008 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 <input type="checkbox"/>	\$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
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**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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>
DATE _____

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000795657 01/28/08-80056-015 61.25
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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	

**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: 	1/22/08	757-397-4677
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>