

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08965

FILED  
Apr 01, 2009  
Secretary of State

Entity Name: SEASIDE TERRACE CONDOMINIUM, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

FEI Number: 59-2563199

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: THURSTON, JOEL  
Address: 9241 COLLINGS AVENUE #16  
City-St-Zip: SURFSIDE, FL

Title: STD ( ) Delete  
Name: BONDURANT, WALTON  
Address: 706 LONDON BOULEVARD  
City-St-Zip: PORTSMOUTH, VA 23704

Title: VD ( ) Delete  
Name: TERRANOVA, CARL  
Address: 120 WALKER ST 1 FLOOR WEST  
City-St-Zip: NEW YORK CITY, NY 10013

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOAQUIN R. DELGADO

RA

04/01/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date