

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09715

FILED
Apr 03, 2006
Secretary of State

Entity Name: THE VILLAGES OF SEAPORT CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

8850 NORTH ATLANTIC AVENUE
CAPE CANAVERAL, FL 32920

New Principal Place of Business:

Current Mailing Address:

120 N SEAPORT BLVD
CAPE CANAVERAL, FL 32920 US

New Mailing Address:

FEI Number: 59-2761372 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BECKER & POLIAKOFF, P.A.
% C JOHN CHRISTENSEN, ESQ
2500 MAITLAND CENTER PKWY, #209
MAITLAND, FL 32751 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: LACKSTROM, DAVE
Address: 432 BEACH PARK LANE
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: VPD () Delete
Name: HARTON, ROBERT
Address: 163 SEAPORT BLVD
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: STD () Delete
Name: DUDECK, RICHARD
Address: 428 N. SEAPORT BLVD
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: D () Delete
Name: EDWARDS, MARIA
Address: 600 N. SEAPORT BLVD
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: D () Delete
Name: COX, BARRY
Address: 546 N SEAPORT BLVD
City-St-Zip: CAPE CANAVERAL, FL 32920

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: OLIVE, JOHN
Address: 218 SEAPORT BLVD
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: VPD (X) Change () Addition
Name: DUDECK, DICK
Address: 428 N SEAPORT BLVD
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: SEC (X) Change () Addition
Name: HEALEY, DOROTHY
Address: 137 SEAPORT BLVD
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: TREA (X) Change () Addition
Name: WALSH, BETTY
Address: 140 N SEAPORT BLVD
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: D (X) Change () Addition
Name: JONES, WM D CORKY
Address: 225 SEAPORT BLVD
City-St-Zip: CAPE CANAVERAL, FL 32920

I hereby certify that the information supplied with this filing does not qualify for the 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: HOLLY TOMLINSON

GM

04/03/2006

Electronic Signature of Signing Officer or Director

Date