

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09715

FILED  
Apr 10, 2012  
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

**New Mailing Address:**

**FEI Number:** 59-2761372

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KLEMM, RUSSELL E  
1065 MAITLAND CENTER COMMONS BLVD.  
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  
Name: EDWARDS, TOM  
Address: 600 SEAPORT BLVD  
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: SEC  
Name: OLWELL, EDWARD  
Address: 235 SEAPORT BLVD  
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: TREA  
Name: HEALEY, DOROTHY  
Address: 137 SEAPORT BLVD  
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: DIR  
Name: TICHICH, MARY JO  
Address: 610 SEAPORT BLVD  
City-St-Zip: CAPE CANAVERAL, FL 32920

I hereby 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 all other like empowered.

SIGNATURE: TOM EDWARDS

PD

04/10/2012

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

\_\_\_\_\_  
Date