

2012 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Jun 29, 2012
Secretary of State

DOCUMENT# N09715

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

Title: DIR
Name: HEAVILAND, JIM
Address: 435 OCEAN PARK LANE
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

06/29/2012

Electronic Signature of Signing Officer or Director

Date