


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90230 011 ****61.25

DOCUMENT # N24508 1. Entity Name SEASIDE VILLAS CONDOMINIUM ASSOCIATION, INC. (FISHER ISLAND)			
Principal Place of Business 41222 FISHER ISLAND DRIVE IN CARE OF STOLADI PROPERTY GROUP FISHER ISLAND, FL 33109		Mailing Address 41222 FISHER ISLAND DRIVE IN CARE OF STOLADI PROPERTY GROUP FISHER ISLAND, FL 33109	
2. Principal Place of Business - No P.O. Box # 41221 Fisher Island Dr. Suite, Apt. #, etc. C/O AKAM-ON-SITE City & State Fisher Island, FL Zip 33109		3. Mailing Address 41221 Fisher Island Drive Suite, Apt. #, etc. C/O AKAM-ON-SITE City & State Fisher Island, FL Zip 33109	
4. FEI Number 65-0052652		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HYMAN, SPECTOR & MARS LLP 150 WEST FLAGLER STREET 27TH FLOOR - MICHAEL HYMAN ATTORNEY MIAMI, FL 33130		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 <u>Michael Hyman</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE <u>4/1/08</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
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		Make check payable to: Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RIMM, HARRY 41222 FISHER ISLAND DRIVE / STOLADI FISHER ISLAND, FL 33109	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PADIAL, JUAN CARLOS 41222 FISHER ISLAND DRIVE / STOLADI FISHER ISLAND, FL 33109	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JAMES, NEFF 41222 FISHER ISLAND DRIVE / STOLADI FISHER ISLAND, FL 33109	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Harry Rimm</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE <u>4/1/08</u> DAYTIME PHONE # <u>305-673-5537</u>	