

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N28095

1. Entity Name
SEAVIEW WEST TOWNHOMES HOMEOWNERS
ASSOCIATION, INC.



Principal Place of Business
1687 HWY 98 W
SUITE 1
MARY ESTHER, FL 32569 US

Mailing Address
1687 HWY 98 W
SUITE 1
MARY ESTHER, FL 32569 US

FILED
Jul 09, 2008 08:00 AM
Secretary of State



07062008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2968514

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MERSINAS, CONSTANTINE T
1687 WEST HWY 98 #1
MARY ESTHER, FL 32569

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME RUSSELL, MICHAEL J.
STREET ADDRESS 1305 50TH AVE NE
CITY-ST-ZIP SAINT PETERSBURG, FL 33703

TITLE D
NAME SILVESTRI, ROBERT A
STREET ADDRESS 2385 D SUSAN DR
CITY-ST-ZIP CRESTVIEW, FL 32536

TITLE D
NAME MERSINAS, CONSTANTINE T
STREET ADDRESS 1687 W HWY 98 #1 SEAVIEW W
CITY-ST-ZIP MARY ESTHER, FL 32569

TITLE D
NAME HOLVERSON, LINDA
STREET ADDRESS 1687 W HWY 98, #3 SEAVIEW W
CITY-ST-ZIP MARY ESTHER, FL 32569

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000953733
07/09/08-80004-001 61.25

**DO NOT WRITE
IN THIS SPACE**

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: CONSTANTINE T. MERSINAS 7-6-08 850.581.0112

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #