

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N30292

FILED  
Feb 17, 2008  
Secretary of State

**Entity Name:** SEAPORT MASTER ASSOCIATION, INC.

**Current Principal Place of Business:**

VILLAGES OF SEAPORT  
8850 N. ATLANTIC AVE.  
CAPE CANAVERAL, FL 32920 US

**New Principal Place of Business:**

**Current Mailing Address:**

120 N SEAPORT BLVD  
CAPE CANAVERAL, FL 32920 US

**New Mailing Address:**

**FEI Number:** 59-2761375

**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 ( ) Delete  
Name: OLIVE, JACK JOHN  
Address: 218 N. SEAPORT BLVD  
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: VPD ( ) Delete  
Name: CLARKE, RICHARD  
Address: 806 MYSTIC DRIVE UNIT D304  
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: TRSR ( ) Delete  
Name: WALSH, BETTY  
Address: 140 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 N. SEAPORT BLVD  
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: JOHN OLIVE

PD

02/17/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date