

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2008 8:00 am
Secretary of State

02-27-2008 90012 029 ****61.25

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|--|------------------------|--|---|--|--|
| DOCUMENT # N39336 | | | | | |
| 1. Entity Name SEAHORSE OCEANSIDE APARTMENTS CONDOMINIUM ASSOCIATION, INC. | | | | | |
| Principal Place of Business 201 VAN BUREN STREET HOLLYWOOD, FL 33020 | | | Mailing Address 2035 HARDING ST # 200 HOLLYWOOD, FL 33020 | | |
| 2. Principal Place of Business - No P.O. Box # Association Services of FLA | | 3. Mailing Address 10112 USA Today Way | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State Miramar, Florida | | City & State Miramar, Florida | | 4. FEI Number 65-0258913 | |
| Zip 33025 | | Country USA | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent MEYROWITZ, ANDREW C/O DCI 2035 HARDING ST. STE. 200 HOLLYWOOD, FL 33020 | | | 7. Name and Address of New Registered Agent Name: BARBARA HANSON President Street Address (P.O. Box Number is Not Acceptable): Association Services of FLA 10112 USA Today Way City: Miramar FL Zip Code: 33025 | | |
| 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. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE </div> <div style="width: 50%; text-align: right;"> (NOTE: Registered Agent signature required when reinstating) DATE _____ </div> </div> | | | | | |
| 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 | | | | | |
| TITLE | NAME | Delete | TITLE | NAME | Change Addition |
| PD | RHODIS, FRANCESCA | <input checked="" type="checkbox"/> | P | Snyder, Michael | <input type="checkbox"/> <input checked="" type="checkbox"/> |
| STREET ADDRESS | 201 VAN BUREN ST #107 | | STREET ADDRESS | 201 VAN BUREN ST. #201 | |
| CITY-ST-ZIP | HOLLYWOOD, FL 33019 | | CITY-ST-ZIP | Hollywood, FL 33019 | |
| VPD | USINGER, SHARON | <input type="checkbox"/> | P | HERSHMAN, LAWRENCE | <input type="checkbox"/> <input checked="" type="checkbox"/> |
| STREET ADDRESS | 1428 CTH-A | | STREET ADDRESS | 201 VAN BUREN ST #103 | |
| CITY-ST-ZIP | EDGERTON, WI 53534 | | CITY-ST-ZIP | Hollywood FL 33019 | |
| SD | HERSHMAN, LAWRENCE | <input checked="" type="checkbox"/> | S | Eaton, Adele | <input type="checkbox"/> <input checked="" type="checkbox"/> |
| STREET ADDRESS | 201 VAN BUREN ST. #103 | | STREET ADDRESS | 201 VAN BUREN ST #307 | |
| CITY-ST-ZIP | HOLLYWOOD, FL 33019 | | CITY-ST-ZIP | Hollywood FL 33019 | |
| TD | SNYDER, MICHAEL | <input checked="" type="checkbox"/> | T | Rhods, FRANCESCA | <input type="checkbox"/> <input checked="" type="checkbox"/> |
| STREET ADDRESS | 201 VAN BUREN ST. #301 | | STREET ADDRESS | 201 VAN BUREN ST #107 | |
| CITY-ST-ZIP | HOLLYWOOD, FL 33019 | | CITY-ST-ZIP | Hollywood FL 33019 | |
| D | MUELLER, MAUREEN | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> <input type="checkbox"/> |
| STREET ADDRESS | 201 VAN BUREN ST. #105 | | | | |
| CITY-ST-ZIP | HOLLYWOOD, FL 33019 | | | | |
| | | <input type="checkbox"/> | | | <input type="checkbox"/> <input type="checkbox"/> |
| | | | | | |
| | | <input type="checkbox"/> | | | <input type="checkbox"/> <input type="checkbox"/> |
| | | | | | |
| 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 an other like empowered. | | | | | |
| SIGNATURE VP | | | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | | |
| Date _____ Daytime Phone # _____ | | | | | |