

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 12, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N40990**

1. Entity Name  
**SEAVIEW PROPERTY OWNERS' ASSOCIATION, INC.**



Principal Place of Business

**C/O KEYSTONE PROPERTY MGMT. GROUP INC  
1717 20TH ST., #102  
VERO BEACH, FL 32960 US**

Mailing Address

**C/O KEYSTONE PROPERTY MGMT. GROUP INC  
1717 20TH ST., #102  
VERO BEACH, FL 32960 US**



07132005 No Chg-NP

CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3116139**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**MILLER, WILLIAM F  
1717 20TH ST., #102  
VERO BEACH, FL 32960**

**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)

**000000376245**  
**08/12/05-20091-000 \$1.25**  
DATE

**Filing Fee is \$61.25  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SD  
WERNICKI, PETER G  
11840 SEAVIEW DR  
VERO BCH, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TD  
STRAUSS, CAROL L  
11800 SESVIEW DR  
VERO BEACH, FL 32958**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VPD  
RUNIK, DANN  
4154 SILVER PALM DR  
VERO BEACH, FL 32963**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
LANGE, NORM  
1651 PINEVILLE RD  
NEW HOPE, PA 18938**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
BAKER, RANDALL  
11860 SEAVIEW DRIVE  
VERO BEACH, FL 32963**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**08-10-05 772-569-7928**