2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N41104

FILED Apr 07, 2006 8:00 am Secretary of State

04-07-2006 90019 003 ****61.25

Zip Country Zip Country 59-3049536 Not Applied	SEASIDE INC.	HOMEO	WNER'S ASSOC	CIATION	OF BREVAR	D,							
Suite. Apt. #. etc. Suite. Apt. #. etc.	4123 A1A H	(WY		140	WATERS EDGE LAN		5) (BB((B) B)	. 21291 1/201 HEW P	841: 8181 6 7831 3 292	ı Ribii Bibli Sibli	
City & State Ci	2. Principal F	Place of Busin	ess	3. Mai	ling Address								
Zip Country Zip Country S9-3049536	Suite, Apt.	. #, etc.		Su	ite, Apt. #, etc.				01172006	Chg-NP	CR2I	E037 (11/0	5)
6. Name and Address of Current Registered Agent 7. Name and Address of Current Registered Agent 7. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name Agent Agents of New Registered Agent 8. The Jack Explaint Agent 7. Name and Address of New Registered Agent 8. The Jack Explaint Agent 7. Name and Address of New Registered Agent 8. The Jack Explaint Agent 8. The Register Agent 8. The Address of New Registered Agent Agent Agent Agent Agent Agent Agent Agent	City & Stat	te		Cit	y & State								Applied For Not Applicable
Signature Sign	Zip		<u></u>			Cou	untry				 	Fee Req	
18. WATER EDGE LANE INDIALANTIC, FL 32903 Street Address (P.O. Box Number is Not Acceptable) ANE		6. Name	and Address of Curre	nt Registere	d Agent		ļ		7. Name and	Address of N	iew Register	ed Agent	
SIGNATURE PAULE GACKENHEI MER JUDICIANIA P. 3, 0 Lo Signature Ingress of propiested agent and title if applicable. Filling Fee is \$61.25 Due by May 1, 2006	185 WATE	ER EDGE L	ANE			-	Street A	Address (I	P.O. Box Numb ATER	er is Not Acce	otable)		
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Filing Fee is \$61.25 Due by May 1, 2006 Trust Fund Contribution. TILE POZZA, LUCIA B SITEET ADDRESS CITY-ST-2P INDIALANTIC, FL 32903 TILE NAME PORTER, SARAH INDIALANTIC, FL 32903 TILE NAME SIREET ADDRESS CITY-ST-2P TILE ST- Change ACKENHET NADDRESS CITY-ST-2P Change ACKENHET NADDRESS CITY-ST-2P TILE NAME SIREET ADDRESS CITY-ST-2P TILE NAME SIREET ADDRESS CITY-ST-2P TILE NAME SIREET ADDRESS CITY-ST-2P TILE ST- CHANE SIRET ADDRESS CITY-ST-2P TILE CHANE SIRET ADDRESS CITY-S	the obliga	itions of register.	ered agent. LEGAC	KEN	HEIME	RS	Saul	18	Gacke	nth, in the State	of Florida. 1	am familiar w	ith, and accept
TITLE POZZA, LUCIA B Delete													
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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:	Shirley 7. Fassa	Shirley	F Eassa	Apr 3,2006	321779 323
	SIGNATURE AND TYPED OR PRINTED NAME O	F SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #