


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2008 8:00 am
Secretary of State

01-29-2008 90016 044 ****61.25

DOCUMENT # N41104			
1. Entity Name SEASIDE HOMEOWNER'S ASSOCIATION OF BREVARD, INC.			
Principal Place of Business 4123 A1A HWY INDIANLANTIC, FL 32903 US		Mailing Address 140 WATERS EDGE LANE INDIANLANTIC, FL 32903 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
GACKENHEIMER, PAUL E 140 WATERS EDGE LANE INDIANLANTIC, FL 32903		Name MARGARET MASELLI Street Address (P.O. Box Number is Not Acceptable) 150 WATERS Edge Lane City INDIALANTIC FL Zip Code 32903	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GACKENHEIMER, PAUL E 140 WATERS EDGE LANE INDIANLANTIC, FL 32903 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MARGARET MASELLI <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition President 150 WATERS Edgelane - Indianlantic Fl 32903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BEAUREGARD, KATIE 190 WATERS EDGE LANE INDIANLANTIC, FL 32903 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DONALD FRONTAL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 120 WATERS Edge Lane INDIALANTIC FL 32903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST EASSA, SHIRLEY F 155 WATERS EDGE LANE INDIANLANTIC, FL 32903 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST-LUCIA POZZA <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 140 WATERS Edge Lane INDIALANTIC FL 32903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Margaret Maselli</i>		Date: <i>1/22/08</i> B21) 779-3350	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	