FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 AM 8:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N92000000922 (6)**

1. Corporation Name
THE SEASIDE MERCHANTS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
P. O. BOX 4870 SANTA ROSA BEACH FL 32459 US	P. O. BOX 4870 SANTA ROSA BEACH FL 32459 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/23/1992
3a. Date of Last Report: 08/08/1994
4. FEI Number: 59-3179282 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / County 24 / 25	Zip / County 29 / 30

9. Name and Address of Current Registered Agent

SEASIDE COMMUNITY DEVELOPMENT CORPORATION
ATTN: PAULA ROOKS
COUNTY ROAD 30-A
SANTA ROSA BEACH FL 32459

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	11 TITLE	P	☒ Change ☐ Addition
NAME	ISOM, MARTHA	12 NAME	Fleckenstein, Edward	
STREET ADDRESS	P. O. BOX 4870 N/A	13 STREET ADDRESS	P.O. Box 4870, County Road 30-A	
CITY ST ZIP	SANTA ROSA BEACH FL	14 CITY ST ZIP	Santa Rosa Beach, FL	
TITLE	SD	21 TITLE	VD	☒ Change ☐ Addition
NAME	MCCONNELL, BILLY	22 NAME	Davison, Bill	
STREET ADDRESS	P. O. BOX 4870 N/A	23 STREET ADDRESS	P.O. Box 4870, County Road 30-A	
CITY ST ZIP	SANTA ROSA BEACH FL	24 CITY ST ZIP	Santa Rosa Beach, FL	
TITLE	TD	31 TITLE	SD	☒ Change ☐ Addition
NAME	NASCA, WILLIAM A.	32 NAME	Olshefski, Laurie	
STREET ADDRESS	P. O. BOX 4730 N/A	33 STREET ADDRESS	P.O. Box 4870, County Road 30-A	
CITY ST ZIP	SANTA ROSA BEACH FL	34 CITY ST ZIP	Santa Rosa Beach, FL	
TITLE	VD	41 TITLE	TD	☒ Change ☐ Addition
NAME	BURGESS, DONNA	42 NAME	Fritz, Norman	
STREET ADDRESS	P. O. BOX 4870 N/A	43 STREET ADDRESS	P.O. Box 4870, County Road 30-A	
CITY ST ZIP	SANTA ROSA BEACH FL	44 CITY ST ZIP	Santa Rosa Beach, FL	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 5-1-95 904-231-2332
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000204