

DOCUMENT # N92000000922

1. Entity Name

THE SEASIDE MERCHANTS' ASSOCIATION, INC.

**FILED**  
**Jan 12, 2001 8:00 am**  
**Secretary of State**

01-12-2001 90001 032 \*\*\*\*61.25

Principal Place of Business

P. O. BOX 4870  
 SANTA ROSA BEACH FL 32459  
 US

Mailing Address

P. O. BOX 4870  
 SANTA ROSA BEACH FL 32459  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3179282

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

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

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☒ Delete  
 NAME ROY, CARA  
 STREET ADDRESS P.O. BOX 4870 COUNTY HWY. 30-A  
 CITY-ST-ZIP SANTA ROSA BEACH FL

TITLE ☐ Change ☒ Addition  
 NAME Carmel Modica  
 STREET ADDRESS P.O. Box 4870 County Hwy 30-A  
 CITY-ST-ZIP Santa Rosa Beach, FL 32459

TITLE **D** ☐ Delete  
 NAME FLECKENSTEIN, JOYCE  
 STREET ADDRESS P.O. BOX 4870, COUNTY HWY. 30-A  
 CITY-ST-ZIP SANTA ROSA BEACH FL

TITLE ☐ Change ☒ Addition  
 NAME Russ Gilbert  
 STREET ADDRESS P.O. Box 4870 County Hwy 30-A  
 CITY-ST-ZIP Santa Rosa Beach, FL 32459

TITLE **D** ☒ Delete  
 NAME DE GREGORIO, DAVID  
 STREET ADDRESS P.O. BOX 4870, COUNTY ROAD 30-A  
 CITY-ST-ZIP SANTA ROSA BEACH FL

TITLE ☐ Change ☒ Addition  
 NAME William Dawson  
 STREET ADDRESS P.O. Box 4870 County Hwy. 30-A  
 CITY-ST-ZIP Santa Rosa Beach, FL 32459

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
 NAME Shayna Stillman  
 STREET ADDRESS P.O. Box 4870 County Hwy. 30-A  
 CITY-ST-ZIP Santa Rosa Beach, FL 32459

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
 NAME Eva Barsaun  
 STREET ADDRESS P.O. Box 4870 County Hwy. 30-A  
 CITY-ST-ZIP Santa Rosa Beach, FL 32459

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
 NAME Beth Folta  
 STREET ADDRESS P.O. Box 4870 County Hwy 30-A  
 CITY-ST-ZIP Santa Rosa Beach, FL 32459

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

01-05-01 850231-5124

Date

Daytime Phone #

CR2E037 (10/00)

00846