

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N92000000922

FILED
Jan 07, 2004
Secretary of State**Entity Name:** THE SEASIDE MERCHANTS' ASSOCIATION, INC.**Current Principal Place of Business:**P. O. BOX 4870
SANTA ROSA BEACH, FL 32459 US**New Principal Place of Business:****Current Mailing Address:**P. O. BOX 4870
SANTA ROSA BEACH, FL 32459 US**New Mailing Address:****FEI Number:** 59-3179282 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()****Name and Address of Current Registered Agent:**SIMPLER, PAULER
COUNTRY ROAD 30 A
COUNTY ROAD 30-A
SANTA ROSA BEACH, FL 32459 US**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** C () Delete
Name: ROY, CARA
Address: P.O. BOX 4870 COUNTY HWY. 30-A
City-St-Zip: SANTA ROSA BEACH, FL**Title:** D () Delete
Name: RICK, SEVERANCE
Address: P.O. BOX 4870, COUNTY HWY. 30-A
City-St-Zip: SANTA ROSA BEACH, FL**Title:** D () Delete
Name: ROY, CARA
Address: PO BOX 4870 HWY 30-A
City-St-Zip: SANTA ROSA BEACH, FL 32459**Title:** C () Delete
Name: SEVERANCE, RICK
Address: PO BOX 4870 COUNTY HWY 30-A
City-St-Zip: SANTA ROSA BEACH, FL 32459**Title:** D () Delete
Name: JUDITH, PROCTOR
Address: PO BOX 4872 COUNTRY RAOD
City-St-Zip: SANTA ROSA BEACH, FL 32459**Title:** D () Delete
Name: DAWSON, WILLIAM R III
Address: PO BOX 4870 COUNTY HWY 30-A
City-St-Zip: SANTA ROSA BEACH, FL 32459**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** D (X) Change () Addition
Name: ROY, CARA
Address: P.O. BOX 4870 COUNTY HWY. 30-A
City-St-Zip: SANTA ROSA BEACH, FL**Title:** C (X) Change () Addition
Name: RICK, SEVERANCE
Address: P.O. BOX 4870, COUNTY HWY. 30-A
City-St-Zip: SANTA ROSA BEACH, FL**Title:** D (X) Change () Addition
Name: FLECKENSTEIN, EDD
Address: PO BOX 4870 HWY 30-A
City-St-Zip: SANTA ROSA BEACH, FL 32459**Title:** D (X) Change () Addition
Name: BEIGLER, DAVID
Address: PO BOX 4870 COUNTY HWY 30-A
City-St-Zip: SANTA ROSA BEACH, FL 32459**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** D (X) Change () Addition
Name: PIERCE, ERICE G
Address: PO BOX 4870 COUNTY HWY 30-A
City-St-Zip: SANTA ROSA BEACH, FL 32459

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARA ROY

D

01/07/2004

Electronic Signature of Signing Officer or Director

Date