

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 05, 2007 08:00 AM
Secretary of State

DOCUMENT # N92000000922

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



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**



01222007 No Chg-NP CR2E037 (4/06)

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

**SIMPLER, PAULER
COUNTRY ROAD 30 A
COUNTY ROAD 30-A
SANTA ROSA BEACH, FL 32459**

**DO NOT WRITE
IN THIS SPACE**

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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

000000656312
03/14/07-80021-007 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MRS. ROY, CARA P.O. BOX 4870, COUNTY HWY. 30-A SANTA ROSA BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MS ABUVALA, CANDACE POB 4870 CTY HWY 30-A SANTA ROSA BEACH, FL 32459
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MR. GILBERT, RUSS PO BOX 4870, COUNTY HWY 30-A SANTA ROSA BEACH, FL 32459
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MRS CONLEY, JAMIE POB 4870 CTY HWY 30-A SANTA ROSA BEACH, FL 32459
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MR CAMPBELL, KELLON POB 4870 CTY HWY 30-A SANTA ROSA BEACH, FL 32459
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MS WEST, EILEEN POB 4870 CTY HWY 30-A SANTA ROSA BEACH, FL 32459

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-5-07 850-231-2323