

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 05, 2005 8:00 am
Secretary of State

07-05-2005 90222 041 ****61.25

DOCUMENT # N93000003005					
1. Entity Name SEASIDE AT BELLEAIR MASTER ASSOCIATION, INC.					
Principal Place of Business TWO SEASIDE LN BELLEAIR, FL 33756 US			Mailing Address 7300 PARK ST SEMINOLE, FL 33777-4601 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3206213	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent REINHART, DEBRA RESOURCE MANAGEMENT INC 7300 PARK ST SEMINOLE, FL 33777-4601			7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by September 7, 2005		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	TD LANKTON, JAMES <input type="checkbox"/> Delete 3 SEASIDE LANE #402 BELLEAIR, FL 33756		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CROWN, BOB <input checked="" type="checkbox"/> Delete 2 SEASIDE LANE #103 BELLEAIR, FL 33756		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GRIFFITH, ALLEN <input type="checkbox"/> Delete ONE SEASIDE LANE, #702 BELLEAIR, FL 33756		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SEITER, TOM <input type="checkbox"/> Delete TWO SEASIDE LN #301 BELLEAIR, FL 33756		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Eddie SHARP <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	EDDIE SHARP TWO SeASide LA #502 BelleAIR FL 33756 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RA <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	RAY FERRARA THREE SeASide LA BelleAIR 71 33756 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 to this address, with all other like information.					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			28 Nov 05 712-5160 <small>Date Daytime Phone #</small>		