

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 12, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N93000004886**

1. Entity Name

**SEASIDE OF LONGBOAT CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business

**4473 GULF OF MEXICO DRIVE  
LONGBOAT KEY FL 34228**

Mailing Address

**4473 GULF OF MEXICO DRIVE  
LONGBOAT KEY FL 34228**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

**NO-T APPLICABLE**

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

**KELLEY-PAESANI, NEVA  
4473 GULF OF MEXICO DR  
LONGBOAT KEY FL 34228**

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

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  
Due By May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE: PD ☐ Delete  
NAME: KELLEY-PAESANI, NEVA  
STREET ADDRESS: 4473 GULF OF MEXICO DRIVE  
CITY-STATE-ZIP: LONGBOAT KEY FL 34228

TITLE: D ☐ Delete  
NAME: PAESANI, PETER A  
STREET ADDRESS: 4473 GULF OF MEXICO DR  
CITY-STATE-ZIP: LONGBOAT KEY FL 34228

TITLE: D ☐ Delete  
NAME: JENSEN, BOB  
STREET ADDRESS: 4477 GULF OF MEXICO DR  
CITY-STATE-ZIP: LONGBOAT KEY FL 34228

TITLE: ☐ Delete  
NAME:   
STREET ADDRESS:   
CITY-STATE-ZIP:

TITLE: ☐ Delete  
NAME:   
STREET ADDRESS:   
CITY-STATE-ZIP:

TITLE: ☐ Delete  
NAME:   
STREET ADDRESS:   
CITY-STATE-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: ☐ Change ☐ Addition  
NAME:   
STREET ADDRESS:   
CITY-STATE-ZIP:   
03/23/07-80029-010 70.00

TITLE: ☐ Change ☐ Addition  
NAME:   
STREET ADDRESS:   
CITY-STATE-ZIP:

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CITY-STATE-ZIP:

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NAME:   
STREET ADDRESS:   
CITY-STATE-ZIP:

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*Neva Kelley-Paesani* NEVA KELLEY-PAESANI 3-8-07