

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90051 048 ****61.25

DOCUMENT # N93000005388

1. Entity Name
SEABRIDGE NORTH CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
3170 OCEAN SHORE BLVD.
BOX 31
ORMOND BEACH, FL 32176 US

Mailing Address
C/O ATLANTIC COMM. ASSN MGMT.
507-C HERBERT STREET
PORT ORANGE, FL 32129 US

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

03152007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-3224420

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

REIMER, R.L.
507-C HERBERT STREET
PORT ORANGE, FL 32129

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

**Filing 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	D	<input checked="" type="checkbox"/> Delete
NAME	LUDLOW, MARLENE	
STREET ADDRESS	3170 OCEAN SHORE BLVD. # 504	
CITY-ST-ZIP	ORMOND BEACH, FL 32176	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SEVERINI, JANICE	
STREET ADDRESS	3180 OCEAN SHORE BLVD #509	
CITY-ST-ZIP	ORMOND BEACH, FL 32176	
TITLE	STD	<input type="checkbox"/> Delete
NAME	HADDEN, MICHAEL	
STREET ADDRESS	3180 OCEAN SHORE BLVD # 213	
CITY-ST-ZIP	ORMOND BEACH, FL 32176	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MAKELY, WILLIAM	
STREET ADDRESS	3170 OCEAN SHORE BLVD #406	
CITY-ST-ZIP	ORMOND BEACH, FL 32176	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	EMERY, BETTY	
STREET ADDRESS	35544 ESTES ROAD	
CITY-ST-ZIP	EUSTIS, FL 32736	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SMITH, MARY ANN	
STREET ADDRESS	3180 OCEAN SHORE BLVD #107	
CITY-ST-ZIP	ORMOND BEACH, FL 32176	
TITLE	S/T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALBERTINI, PATRICK	
STREET ADDRESS	3170 OCEAN SHORE BLVD #303	
CITY-ST-ZIP	ORMOND BEACH, FL 32176	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Michael H. Hadden MICHAEL G. HADDEN 3-25-07 386-441-7529
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #