

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 23, 2006 8:00 am**  
**Secretary of State**

03-23-2006 90004 014 \*\*\*\*61.25

|   |  |   |   |  |  |
|---|--|---|---|--|--|
| <b>DOCUMENT # N94000000732</b>  |  |   |   |  |  |
| <b>1. Entity Name</b><br>THE SEASIDE SCHOOL, INC.   |  |   |   |  |  |
| <b>Principal Place of Business</b><br>10 SMOLIAN CIRCLE<br>SANTA ROSA BEACH, FL 32459   |  |   | <b>Mailing Address</b><br>P. O. BOX 4610<br>SANTA ROSA BEACH, FL 32459  |  |  |
| <b>2. Principal Place of Business</b>   |  | <b>3. Mailing Address</b>   |   |  |  |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.   |   | 03082006    Chg-NP    CR2E037 (11/05)  |  |
| City & State  |  | City & State  |   | <b>4. FEI Number</b><br>59-3282809   |  |
| Zip   |  | Country   |   | <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |
| <b>6. Name and Address of Current Registered Agent</b><br>BUZZETT, WILLIAM A<br>216 FOREST STREET<br>SEAGROVE BEACH, FL 32459   |  |   | <b>7. Name and Address of New Registered Agent</b><br>Name: <u>HELFAND RICK</u><br>Street Address (P.O. Box Number is Not Acceptable): <u>353 WILDERNESS WAY</u><br>City: <u>GRAYTON BEACH</u> FL    Zip Code: <u>32459</u> |  |  |
| <b>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.</b><br>SIGNATURE: <u>[Signature]</u> <u>CHAIRMAN - SEASIDE SCHOOL</u><br>Signature, typed or printed name of registered agent and title if applicable.    (NOTE: Registered Agent signature required when reinstating)    DATE: <u>3-16-06</u>   |  |   |   |  |  |
| <b>Filing Fee is \$61.25 Due by May 1, 2006</b>   |  | <b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |   | <b>Make check payable to Florida Department of State</b>   |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |  |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>  |  |  |
| <b>TITLE</b><br>PD<br><b>NAME</b><br>DILLON, MIRIAM<br><b>STREET ADDRESS</b><br>102 CHRYSLER AVE.<br><b>CITY-ST-ZIP</b><br>SANTA ROSA BEACH, FL 32459   | <input checked="" type="checkbox"/> Delete |   | <b>TITLE</b><br>PD<br><b>NAME</b><br>HELFAND RICK<br><b>STREET ADDRESS</b><br>353 WILDERNESS WAY<br><b>CITY-ST-ZIP</b><br>GRAYTON BEACH, FL 32459   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                           |  |
| <b>TITLE</b><br>VD<br><b>NAME</b><br>MULLINS, HAL<br><b>STREET ADDRESS</b><br>61 EAST BERMUDA DRIVE<br><b>CITY-ST-ZIP</b><br>SANTA ROSA BEACH, FL 32459   | <input checked="" type="checkbox"/> Delete |   | <b>TITLE</b><br>VD<br><b>NAME</b><br>LESLIE KOLOVICH<br><b>STREET ADDRESS</b><br>63 COVE CREEK LN<br><b>CITY-ST-ZIP</b><br>PCB FL 32514   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                           |  |
| <b>TITLE</b><br>SD<br><b>NAME</b><br>POTTER, CATHY KEENE<br><b>STREET ADDRESS</b><br>249 N. BLUE HERON DRIVE<br><b>CITY-ST-ZIP</b><br>SANTA ROSA BEACH, FL 32459  | <input type="checkbox"/> Delete            |   | <b>TITLE</b><br><br><b>NAME</b><br><br><b>STREET ADDRESS</b><br><br><b>CITY-ST-ZIP</b>  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                      |  |
| <b>TITLE</b><br>TD<br><b>NAME</b><br>NORRIS, NANCY<br><b>STREET ADDRESS</b><br>139 EMERALD RIDGE<br><b>CITY-ST-ZIP</b><br>SANTA ROSA BEACH, FL 32459  | <input type="checkbox"/> Delete            |   | <b>TITLE</b><br><br><b>NAME</b><br><br><b>STREET ADDRESS</b><br><br><b>CITY-ST-ZIP</b>  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                      |  |
| <b>TITLE</b><br>D<br><b>NAME</b><br>GILBERT, RUSS<br><b>STREET ADDRESS</b><br>PO BOX 4603<br><b>CITY-ST-ZIP</b><br>SANTA ROSA BEACH, FL 32459   | <input type="checkbox"/> Delete            |   | <b>TITLE</b><br><br><b>NAME</b><br><br><b>STREET ADDRESS</b><br><br><b>CITY-ST-ZIP</b>  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                      |  |
| <b>TITLE</b><br>D<br><b>NAME</b><br>BRYANT, CARL<br><b>STREET ADDRESS</b><br>115 FOX LAKE DRIVE<br><b>CITY-ST-ZIP</b><br>SANTA ROSA BEACH, FL 32459   | <input checked="" type="checkbox"/> Delete |   | <b>TITLE</b><br><br><b>NAME</b><br><br><b>STREET ADDRESS</b><br><br><b>CITY-ST-ZIP</b>  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                      |  |
| <b>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.</b><br>SIGNATURE: <u>[Signature]</u> <u>CHAIRMAN - SEASIDE SCHOOL</u> <u>850</u><br>Signature and typed or printed name of signing officer or director    Date: <u>3-16-06</u> Daytime Phone #: <u>231-0396</u> |  |   |   |  |  |