

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 14, 2007 8:00 am**  
**Secretary of State**

01-25-2007 90037 047 \*\*\*\*61.25

<b>DOCUMENT # N94000000732</b> 1. Entity Name <b>THE SEASIDE SCHOOL, INC.</b>					
Principal Place of Business <b>10 SMOLIAN CIRCLE SANTA ROSA BEACH, FL 32459</b>			Mailing Address <b>P. O. BOX 4610 SANTA ROSA BEACH, FL 32459</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-3282809</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>HELFAND, RICK</b> <b>353 WILDERNESS WAY</b> <del>GRAYTON BCH, FL 32459</del> <i>Seaside, FL 32459</i>				Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HELFAND, RICK		NAME		
STREET ADDRESS	<del>353 WILDERNESS WAY</del>		STREET ADDRESS	<i>P.O. Box 4910</i>	
CITY-ST-ZIP	<del>GRAYTON BCH, FL 32459</del>		CITY-ST-ZIP	<i>SEASIDE, FL 32459</i>	
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KOLOVICH, LESLIE		NAME		
STREET ADDRESS	63 COVE CRK LN		STREET ADDRESS	<i>PANAMA CITY BEACH, FL 32413</i>	
CITY-ST-ZIP	<del>PENSACOLA, FL 99544</del>		CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	POTTER, CATHY KEENE		NAME	<i>KIM SCHMAL</i>	
STREET ADDRESS	249 N. BLUE HERON DRIVE		STREET ADDRESS	<i>73 POND CYPRESS WAY</i>	
CITY-ST-ZIP	SANTA ROSA BEACH, FL 32459		CITY-ST-ZIP	<i>SANTA ROSA BEACH, FL 32459</i>	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	NORRIS, NANCY		NAME	<i>TESS COX</i>	
STREET ADDRESS	139 EMERALD RIDGE		STREET ADDRESS	<i>480 AMELIA LAKE</i>	
CITY-ST-ZIP	SANTA ROSA BEACH, FL 32459		CITY-ST-ZIP	<i>SANTA ROSA BEACH, FL 32459</i>	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GILBERT, RUSS		NAME		
STREET ADDRESS	PO BOX 4603		STREET ADDRESS		
CITY-ST-ZIP	SANTA ROSA BEACH, FL 32459		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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.					
<b>SIGNATURE: <i>Rick Helfand</i> RICK HELFAND 1-23-07 850 231-0396</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone</small>					