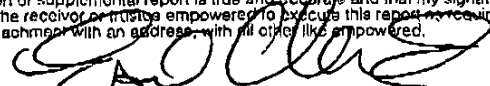


FILED
Apr 21, 2005 8:00 am
Secretary of State

04-21-2005 90230 021 ****61.25

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N95000000716					
1. Entity Name SEAHORSE LANDING CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 4050 G ST. CEDAR KEY, FL 32625 US			Mailing Address 4050 G ST. CEDAR KEY, FL 32625 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ELLER MADY 2144 LAKESIDE DR. EAST FERNANDINA BEACH, FL 32034				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 _____ (NOTE: Registered Agent signature required when resigning) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2005		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	BUDNICK, EDWARD		NAME		
STREET ADDRESS	398 E EVERGREEN AVENUE		STREET ADDRESS		
CITY-ST-ZIP	PHILADELPHIA, PA 19118		CITY-ST-ZIP		
TITLE	SD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	MADY, ELLEN		NAME		
STREET ADDRESS	2144 LAKESIDE DRIVE EAST		STREET ADDRESS		
CITY-ST-ZIP	FERNANDINA BEACH, FL 32034		CITY-ST-ZIP		
TITLE	TD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	WARREN, EARL		NAME		
STREET ADDRESS	6659 SCOTLAND CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	CUMMING, GA 30041		CITY-ST-ZIP		
TITLE	VP	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	KUSHNER, HERB		NAME		
STREET ADDRESS	24 SALT HILL CT.		STREET ADDRESS		
CITY-ST-ZIP	LUTHERVILLE TIMONIUM, MD 21093		CITY-ST-ZIP		
TITLE	VP	☒ Delete	TITLE	VP	☐ Change ☒ Addition
NAME	DESILVEY, DENNIS		NAME	ROULEAU, DAVE	
STREET ADDRESS	308 S. JEFFERSON ST.		STREET ADDRESS	1123 Ashbourne Circle	
CITY-ST-ZIP	LEXINGTON, VA 24450		CITY-ST-ZIP	Trinity, FL 34655	
TITLE		☐ Delete	TITLE		☐ Change ☐ 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 exemption stated in Section 119.07(3)(i), 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 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:  Date: 4/15/05 Daytime Phone #: 770-205-1828					

40064169



04122005 Chg-NP CR2E037 (10/03)

4. FEI Number 59-3325575 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required