

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2008 8:00 am
Secretary of State

02-27-2008 90013 021 ****61.25

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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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3325575

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/07)



6. Name and Address of Current Registered Agent

MADY, ELLER
2144 LAKESIDE DR. EAST
FERNANDINA BEACH FL 32034

7. Name and Address of New Registered Agent

Name

MADY, ELLEN

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, 2008

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
NAME BUDNICK, EDWARD ☐ Delete
STREET ADDRESS 398 E EVERGREEN AVENUE
CITY- ST- ZIP PHILADELPHIA PA 19118

TITLE SD
NAME MADY, ELLEN ☐ Delete
STREET ADDRESS 2144 LAKESIDE DRIVE EAST
CITY- ST- ZIP FERNANDINA BEACH FL 32034

TITLE TD
NAME WARREN, EARL ☒ Delete
STREET ADDRESS 6659 SCOTLAND CIRCLE
CITY- ST- ZIP CUMMING GA 30041

TITLE VP
NAME KUSHNER, HERB ☐ Delete
STREET ADDRESS 24 SALT HILL CT.
CITY- ST- ZIP LUTHERVILLE TIMONIUM MD 21093

TITLE VP
NAME ROULEAU, DAVE ☐ Delete
STREET ADDRESS 1123 ASHBORNE CIRCLE
CITY- ST- ZIP NEW PORT RICHEY FL 34655

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE VP ☐ Change ☒ Addition
NAME SID. SANDERS
STREET ADDRESS 4050 G ST UNIT 201
CITY- ST- ZIP CEDAR KEY FL 32625

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE TD ☒ Change ☐ Addition
NAME ROULEAU, DAVE
STREET ADDRESS 552 PINELAND AVE
CITY- ST- ZIP BELLEAIR FL 33756

TITLE ☐ Change ☐ 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 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 817, 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: DAVID ROULEAU

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-20-08

727-580-7997

Date

Daytime Phone #