

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 27, 2005 8:00 am**  
**Secretary of State**

06-27-2005 90003 028 \*\*\*\*61.25

<b>DOCUMENT # N95000002266</b>					
<b>1. Entity Name</b> SEASIDE AT BELLEAIR II CONDOMINIUM ASSOCIATION, INC.					
<b>Principal Place of Business</b> TWO SEASIDE LN. BELLEAIR, FL 33756 US			<b>Mailing Address</b> 7300 PARK ST. SEMINOLE, FL 33777-4601 US		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 59-3327866	
<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>  RESOURCE MANAGEMENT INC. 7300 PARK ST. SEMINOLE, FL 33777-4601			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City		
FL			Zip Code		
<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>					
<b>SIGNATURE</b> _____ <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 September 7, 2005</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <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>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	PD WALKER, MARTIN TWO SEASIDE LANE #802 BELLEAIR, FL 33756	<input checked="" type="checkbox"/> Delete			
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	D SHARP, EDWARD TWO SEASIDE LANE #502 BELLEAIR, FL 33756	<input type="checkbox"/> Delete			
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	VPD SEITER, TOM TWO SEASIDE LN. #301 BELLEAIR, FL 33756	<input type="checkbox"/> Delete			
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	TD BUNNY JONES TWO SEASIDE LANE 203 BELLEAIR, FL 33756	<input checked="" type="checkbox"/> Delete			
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	D PERROTT, RONALD TWO SEASIDE LANE #503 BELLEAIR, FL 33756	<input checked="" type="checkbox"/> Delete			
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	D SCHECTER, SAUL TWO SEASIDE LN. #504 BELLEAIR, FL 33756	<input type="checkbox"/> Delete			
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>					
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		Bob Crown Two Seaside Lane #103 Belleair, FL 33756 President			
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		Director			
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		VP William Lisenby Two Seaside Lane 803 Belleair FL 33756 Treasurer			
<b>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 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>					
<b>SIGNATURE:</b> <i>Thomas P. Seiter</i>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					