2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006
Secretary of State

DOCUMENT# N95000002266

Entity Name: SEASIDE AT BELLEAIR II CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

TWO SEASIDE LN.
BELLEAIR, FL 33756 US

New Principal Place of Business:

Current Mailing Address:

7300 PARK ST.
SEMINOLE, FL 337774601 US

New Mailing Address:

FEI Number: 59-3327866 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RESOURCE MANAGEMENT INC.
7300 PARK ST.
SEMINOLE, FL 337774601 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: S ( ) Delete
Name: CROWN, BOB
Address: TWO SEASIDE LA # 103
City-St-Zip: BELLAIR, FL 33756

Title: P ( ) Delete
Name: SHARP, EDWARD
Address: TWO SEASIDE LANE #502
City-St-Zip: BELLEAIR, FL 33756

Title: D ( ) Delete
Name: SEITER, TOM
Address: TWO SEASIDE LN. #301
City-St-Zip: BELLEAIR, FL 33756

Title: VP ( ) Delete
Name: LISENBY, WILLIAM
Address: TWO SEASIDE LANE # 803
City-St-Zip: BELLEAIR, FL 33756

Title: T ( ) Delete
Name: SCHECTER, SAUL
Address: TWO SEASIDE LN. #504
City-St-Zip: BELLEAIR, FL 33756

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: LAZENBY, WILLIAM
Address: TWO SEASIDE LANE # 803
City-St-Zip: BELLEAIR, FL 33756

Title: VP (X) Change ( ) Addition
Name: HARPER, MARY
Address: TWO SEASIDE LN. #504
City-St-Zip: BELLEAIR, FL 33756

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LINDA E. KISER MGR 04/10/2006

Electronic Signature of Signing Officer or Director — Date