

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 13, 2006 8:00 am**  
**Secretary of State**

04-13-2006 90270 035 \*\*\*\*61.25

**DOCUMENT # N95000004822**

1. Entity Name  
**SEAWARD AT ATLANTIC VIEW CONDOMINIUM  
ASSOCIATION, INC.**



Principal Place of Business  
835 20TH PL  
VERO BEACH, FL 32960

Mailing Address  
ELLIOTT MERRILL CMTY MGMT  
835 20TH PLACE  
VERO BEACH, FL 32960



02022006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
65-0614642

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MERRILL, CRAIG  
835 20TH PLACE  
VERO BEACH, FL 32960

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

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	VD	<input checked="" type="checkbox"/> Delete
NAME	BENNETT, DAVID	
STREET ADDRESS	5051 N AIA #7-4	
CITY-ST-ZIP	FORT PIERCE, FL 34949	
TITLE	PD	<input type="checkbox"/> Delete
NAME	PAUL, JANET	
STREET ADDRESS	5051 N AIA #16-1	
CITY-ST-ZIP	FORT PIERCE, FL 34949	
TITLE	TD	<input type="checkbox"/> Delete
NAME	LARDANI, SANDY	
STREET ADDRESS	5051 N AIA #4-1	
CITY-ST-ZIP	FORT PIERCE, FL 34949	
TITLE	SD	<input type="checkbox"/> Delete
NAME	TOOHEY, JOHN	
STREET ADDRESS	5051 N. AIA 5-6	
CITY-ST-ZIP	FORT PIERCE, FL 34949	
TITLE	D	<input type="checkbox"/> Delete
NAME	CORSETTI, STEVE	
STREET ADDRESS	5051 N AIA #15-5	
CITY-ST-ZIP	FORT PIERCE, FL 34949	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Steve Corsetti	
STREET ADDRESS	5051 N AIA #15-5	
CITY-ST-ZIP	Ft Pierce, FL 34949	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JoAnn Pletka	
STREET ADDRESS	2674 Union Blvd	
CITY-ST-ZIP	Islip, NY 11751	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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.

**SIGNATURE:** Janet G. Paul JANET G. PAUL 4-5-06 462-2941  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #