

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2007 8:00 am
Secretary of State

03-05-2007 90066 018 ****61.25

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| 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 | | |
| 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 65-0614642 | |
| | | | | Applied For <input type="checkbox"/> Not Applicable | |
| | | | | 5. Certificate of Status Desired <input type="checkbox"/> \$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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2007 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$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 NAME CORSETTI, STEVE STREET ADDRESS 5051 NORTH A1A #15-5 CITY-ST-ZIP FORT PIERCE, FL 34949 | <input type="checkbox"/> Delete | | TITLE PD NAME Pletka, JoAnn STREET ADDRESS 5051 N A1A CITY-ST-ZIP Ft Pierce, FL 34949 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE PD NAME PAUL, JANET STREET ADDRESS 5051 N A1A #16-1 CITY-ST-ZIP FORT PIERCE, FL 34949 | <input checked="" type="checkbox"/> Delete | | TITLE TD NAME Medora, Frank STREET ADDRESS 5051 North A1A #17-6 CITY-ST-ZIP Ft. Pierce, FL 34949 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE TD NAME LARDANI, SANDY STREET ADDRESS 5051 N A1A #4-1 CITY-ST-ZIP FORT PIERCE, FL 34949 | <input checked="" type="checkbox"/> Delete | | TITLE SD NAME Moyer, Linford STREET ADDRESS 5051 North A1A #16-6 CITY-ST-ZIP Ft. Pierce, FL 34949 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE SD NAME TOOHEY, JOHN STREET ADDRESS 5051 N. A1A 5-6 CITY-ST-ZIP FORT PIERCE, FL 34949 | <input checked="" type="checkbox"/> Delete | | TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____ | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE D NAME CORSETTI, STEVE STREET ADDRESS 5051 N A1A #15-5 CITY-ST-ZIP FORT PIERCE, FL 34949 | <input checked="" type="checkbox"/> Delete | | TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____ | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE D NAME PLETKA, JOANN STREET ADDRESS 2674 UNION BLVD CITY-ST-ZIP ISLIP, NY 11751 | <input type="checkbox"/> Delete | | TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____ | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 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: <i>JoAnn Pletka</i> 3/4/07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |