

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000003717

FILED
Jan 08, 2009
Secretary of State

Entity Name: SEAVIEW COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

3403 STATE AVENUE
PANAMA CITY, FL 32405

New Principal Place of Business:

4258 HIGHWAY 30A
SEAGROVE BEACH, FL 32459

Current Mailing Address:

3403 STATE AVENUE
PANAMA CITY, FL 32405

New Mailing Address:

FEI Number: 59-3523380 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STROUD, THOMAS R
3403 STATE AVENUE
PANAMA CITY, FL 32405 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: P () Delete
Name: HICKSON, RICHARD G
Address: P.O. BOX 291
City-St-Zip: JACKSON, MS 382050291

Title: P () Delete
Name: NORRIS, PAUL E JR.
Address: 9119 VAUGHAN ROAD
City-St-Zip: PIKE ROAD, AL 36064

Title: D () Delete
Name: CLARK, DOUG
Address: 2926 RICH HILL
City-St-Zip: GERMANTOWN, TN 38138

Title: D () Delete
Name: COUNTS, STEVE
Address: P.O. BOX 29279
City-St-Zip: PANAMA CITY BEACH, FL 32411

Title: D () Delete
Name: MEYER, ROBERT C
Address: 110 TOPTON WAY
City-St-Zip: ST. LOUIS, MO 63105

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: CLARK, DOUG
Address: 211 AMENITY WAY
City-St-Zip: SENECA, SC 29672

Title: D (X) Change () Addition
Name: CRUM, ELIZABETH
Address: 5442 WOODSIDE CIRCLE
City-St-Zip: MONTGOMERY, AL 36117

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

Title: D () Change (X) Addition
Name: TAYLORJAMES-EAT, LLC,
Address: 561 N PALISADES CIRCLE
City-St-Zip: MARIETTA, GA 300675115

I hereby certify that the information supplied with this filing does not qualify 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: RICHARD HICKSON

PRES

01/08/2009

Electronic Signature of Signing Officer or Director

Date