


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90350 046 ****61.25

| | | | | | |
|--|------------------------------------|--|--|---|--|
| DOCUMENT # N98000004154 1. Entity Name SEASIDE RETREAT CONDOMINIUM ASSOCIATION, INC. | | | |  | |
| Principal Place of Business 3000 FIRST COAST HWY AMELIA ISLAND, FL 32034 | | | Mailing Address 3000 FIRST COAST HWY AMELIA ISLAND, FL 32034 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 01122006 Chg-NP CR2E037 (11/05) | |
| 4. FEI Number 59-3412638 | | | | 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 | | |
| GREGORY, DAVID B 3000 FIRST COAST HWY AMELIA ISLAND, FL 32034 | | | Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | | |
| 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, 2006 | | 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 | TD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | ZIMMERMAN, JOHN | | NAME | | |
| STREET ADDRESS | 8030 1 COAST HWY 106 | | STREET ADDRESS | | |
| CITY-ST-ZIP | AMELIA IS, FL 32034 | | CITY-ST-ZIP | | |
| TITLE | PD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | OTT, MATHEW | | NAME | | |
| STREET ADDRESS | 8030 1ST COAST HWY #103 | | STREET ADDRESS | | |
| CITY-ST-ZIP | AMELIA ISLAND, FL 32034 | | CITY-ST-ZIP | | |
| TITLE | SD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | KENDEL, ANNE | | NAME | | |
| STREET ADDRESS | 8030 1ST COAST HWY #210 | | STREET ADDRESS | | |
| CITY-ST-ZIP | AMELIA ISLAND, FL 32034 | | CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | HINEL, JAMES | | NAME | | |
| STREET ADDRESS | 8030 FIRST COAST HWY., #214 | | STREET ADDRESS | | |
| CITY-ST-ZIP | FERNANDINA BEACH, FL 32034 | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| NAME | | | NAME | D Osbon, James | |
| STREET ADDRESS | | | STREET ADDRESS | 8030 First Coast Highway, #111 | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | Amelia Island, FL 32034 | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| NAME | | | NAME | D Martin, AB | |
| STREET ADDRESS | | | STREET ADDRESS | 8030 First Coast Highway, #108 | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | Amelia Island, FL 32034 | |
| 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | 3/9/06 <small>Date Daytime Phone #</small> | | |