

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 20, 2008 8:00 am**  
**Secretary of State**

03-20-2008 90036 033 \*\*\*\*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**

**RECD AIM** **50000692**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01162008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number  
**59-3412638**

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

**GREGORY, DAVID B  
3000 FIRST COAST HWY  
AMELIA ISLAND, FL 32034**

Name **Jack B. Healan, Jr.**

Street Address (P.O. Box Number is Not Acceptable)

**3000 First Coast Hwy**

City **Amelia Island,**

**FL**

Zip Code **32034**

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 **Jack B. Healan, Jr.**

Signature and printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**3/12/08**  
DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

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 **TD** ☐ Delete  
NAME **ZIMMERMAN, JOHN**  
STREET ADDRESS **8030 1 COAST HWY 106**  
CITY-ST-ZIP **AMELIA IS, FL 32034**

TITLE ☐ Change ☐ Addition  
NAME **SEE ATTACHED PAGE**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VD** ☐ Delete  
NAME **OTT, MATHEW**  
STREET ADDRESS **8030 1ST COAST HWY #103**  
CITY-ST-ZIP **AMELIA ISLAND, FL 32034**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **SD** ☐ Delete  
NAME **KENDEL, ANNE**  
STREET ADDRESS **8030 1ST COAST HWY #210**  
CITY-ST-ZIP **AMELIA ISLAND, FL 32034**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **HINEL, JAMES**  
STREET ADDRESS **8030 FIRST COAST HWY., #214**  
CITY-ST-ZIP **FERNANDINA BEACH, FL 32034**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **OSBON, JAMES**  
STREET ADDRESS **8030 FIRST COAST HWY #111**  
CITY-ST-ZIP **AMELIA ISLAND, FL 32034**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **MARTIN, AB**  
STREET ADDRESS **8030 FIRST COAST HWY #108**  
CITY-ST-ZIP **AMELIA ISLAND, FL 32034**

TITLE ☐ Change ☐ 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: **Kenneth J. Graham** **KENNETH J. GRAHAM**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-14-08** **904.491.5791**

Date Daytime Phone #

ATTACHMENT

50000692

#N98000004154

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**SEASIDE RETREAT CONDOMINIUM ASSOCIATION, INC.**

11. OFFICERS AND DIRECTORS - **CHANGES:**

**ADDITIONS:**

President  
and Director:

Kenneth Graham  
8030 First Coast Highway #101  
Amelia Island, FL 32034