

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000003144

**FILED
Apr 27, 2004
Secretary of State****Entity Name:** HERNANDO BEACH SEASIDE VILLAS OWNERS ASSOCIATION, INC.**Current Principal Place of Business:**4944 CEDARBROOK LANE
HERNANDO BEACH, FL 34607**New Principal Place of Business:****Current Mailing Address:**4944 CEDARBROOK LANE
HERNANDO BEACH, FL 34607**New Mailing Address:**

FEI Number: 59-3267603 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:LEHMANN, JOHN
4944 CEDARBROOK LANE
HERNANDO BEACH, FL 34607 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: DP () Delete
Name: LEHMANN, JOHN
Address: 4944 CEDARBROOK LANE
City-St-Zip: HERNANDO BEACH, FL 34607Title: DST () Delete
Name: LEHMANN, CARROL
Address: 4944 CEDARBROOK LANE
City-St-Zip: HERNANDO BEACH, FL 34607Title: DVP () Delete
Name: LEHMANN, JASON
Address: 14703 SEMINOLE TRAIL
City-St-Zip: SEMINOLE, FL 33766Title: DVP () Delete
Name: LEHMANN, JASON
Address: 4944 CEDARBROOK LANE
City-St-Zip: HERNANDO BCH, FL 34607**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: DST (X) Change () Addition
Name: DOYLE, CARROL A
Address: 4944 CEDARBROOK LANE
City-St-Zip: HERNANDO BEACH, FL 34607Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: JOHN W. LEHMANN

D

04/27/2004

Electronic Signature of Signing Officer or Director

Date