



Apr 30, 2005
Secre

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N99000003144		
1. Entity Name HERNANDO BEACH SEASIDE VILLAS OWNERS ASSOCIATION, INC.		
Principal Place of Business 4944 CEDARBROOK LANE HERNANDO BEACH, FL 34607	Mailing Address 4944 CEDARBROOK LANE HERNANDO BEACH, FL 34607	 04272005 No Chg-NP CR2E037 (10/03) 4. FEI Number 59-3267603 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent LEHMANN, JOHN 4944 CEDARBROOK LANE HERNANDO BEACH, FL 34607		
DO NOT WRITE IN THIS SPACE		
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)</small> DATE _____		
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LEHMANN, JOHN 4944 CEDARBROOK LANE HERNANDO BEACH, FL 34607	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST DOYLE, CARROL A 4944 CEDARBROOK LANE HERNANDO BEACH, FL 34607	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP LEHMANN, JASON 14703 SEMINOLE TRAIL SEMINOLE, FL 33766	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP LEHMANN, JASON 4944 CEDARBROOK LANE HERNANDO BCH, FL 34607	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. 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 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 <u>John Lehmann</u> JOHN LEHMANN 4/26/05 352-596-2588 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		