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# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # N99000003144</b> 1. Entity Name <b>HERNANDO BEACH SEASIDE VILLAS OWNERS ASSOCIATION, INC.</b>				
Principal Place of Business 4944 CEDARBROOK LANE HERNANDO BEACH, FL 34607		Mailing Address 4944 CEDARBROOK LANE HERNANDO BEACH, FL 34607		
DO NOT WRITE IN THIS SPACE				
		04282007 No Chg-NP      CR2E037 (4/06)		
		4. FEI Number <b>59-3267603</b>		
		Applied For <input type="checkbox"/> Not Applicable		
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent  <b>LEHMANN, JOHN</b> <b>4944 CEDARBROOK LANE</b> <b>HERNANDO BEACH, FL 34607</b>		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)</small>				
<b>Filing Fee is \$81.25</b> <b>Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>		DO NOT WRITE IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP <b>LEHMANN, JOHN</b> <b>4944 CEDARBROOK LANE</b> <b>HERNANDO BEACH, FL 34607</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST <b>DOYLE, CAROL A</b> <b>4944 CEDARBROOK LANE</b> <b>HERNANDO BEACH, FL 34607</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP <b>LEHMANN, JASON</b> <b>14703 SEMINOLE TRAIL</b> <b>SEMINOLE, FL 33766</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP <b>LEHMANN, JASON</b> <b>4944 CEDARBROOK LANE</b> <b>HERNANDO BCH, FL 34607</b>			
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 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: <i>John Lehmann</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <b>8/9/07</b> <small>Daytime Phone #</small>		