

2006 FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 12, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000052121

1. Entity Name
SEA VISTA GROUP, INC.



Principal Place of Business
44 SEA VISTA DRIVE
PALM COAST, FL 32137

Mailing Address
44 SEA VISTA DRIVE
PALM COAST, FL 32137



04092006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
01-0685278
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KAPCZNSKI, JOSEPH
44 SEA VISTA DRIVE
PALM COAST, FL 32137

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000007504180
04/26/06 00001 019 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	KAPCZYNSKI, LORRAINE
STREET ADDRESS	44 SEA VISTA DRIVE
CITY-ST-ZIP	PALM COAST, FL 32137
TITLE	S
NAME	WHITE, NANCY
STREET ADDRESS	326 MOODY BLVD
CITY-ST-ZIP	FLAGLER BEACH, FL 32136
TITLE	V
NAME	ESPOSITO, ALBERT
STREET ADDRESS	326 MOODY BLVD
CITY-ST-ZIP	FLAGLER BEACH, FL 32136
TITLE	T
NAME	KAPCZYNSKI, JOSEPH
STREET ADDRESS	44 SEA VISTA DRIVE
CITY-ST-ZIP	PALM COAST, FL 32137
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 607, 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:

Joseph Kapczynski
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSEPH KAPCZYNSKI

Date

4/10/06 (386) 446-2985
Daytime Phone #