

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000018786

FILED  
Apr 08, 2009  
Secretary of State

Entity Name: SEASIDE RESORT RENTAL & MANAGEMENT, INC.

## Current Principal Place of Business:

1715 STICKNEY POINT ROAD  
#C8  
SARASOTA, FL 34231

## New Principal Place of Business:

## Current Mailing Address:

1715 STICKNEY POINT ROAD  
#C8  
SARASOTA, FL 34231

## New Mailing Address:

FEI Number: 57-1151149

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SAMS, LAURIE B ESQ.  
2815 PROCTOR ROAD  
SARASOTA, FL 34231 US

## Name and Address of New Registered Agent:

SAMS, LAURIE B ESQ.  
3859 BEE RIDGE ROAD  
SUITE 202  
SARASOTA, FL 34233 US

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: SEASIDEMGMT@AOL.COM

04/08/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: HURST, DIANA  
Address: 1715 STICKNEY POINT ROAD #C8  
City-St-Zip: SARASOTA, FL 34242

Title: DP ( ) Delete  
Name: CRAIN, RONNALYN H  
Address: 1715 STICKNEY PT RD #C8  
City-St-Zip: SARASOTA, FL 34231

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) 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 Chapter 119, 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RONNALYN H. CRAIN

DP

04/08/2009

Electronic Signature of Signing Officer or Director

Date