

2005 FOR PROFIT CORPORATION ANNUAL REPORT

04-13-2005 90068 018 ***150.00
P04000166128

DOCUMENT # P04000166128

1. Entity Name
SEASIDE AT ALLIGATOR POINT, INC.



FILED

05 MAY - 2 PM 3:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
215 SOUTH MONROE STREET
2ND FLOOR
TALLAHASSEE, FL 32302

Mailing Address
215 SOUTH MONROE STREET
2ND FLOOR
TALLAHASSEE, FL 32302

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04062005

Chg-P

CR2E034 (10/03)

4. FEI Number

20-2173062

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MANAUSA, DANIEL E
3250 THOMASVILLE ROAD
4TH FLOOR
TALLAHASSEE, FL 32309

Name: Marc W. Dunbar

Street Address (P.O. Box Number is Not Acceptable)

215 S. MONROE ST

2ND FLOOR

City: Tallahassee

FL

Zip Code: 32302

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 renewing)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: D ☐ Delete
NAME: SAFLEY, R Z
STREET ADDRESS: C/O P. O. BOX 10095
CITY-ST-ZIP: TALLAHASSEE, FL 32302

TITLE: P/D ☒ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: D ☐ Delete
NAME: BROWNING, DAVID
STREET ADDRESS: C/O P. O. BOX 10095
CITY-ST-ZIP: TALLAHASSEE, FL 32302

TITLE: V/D ☒ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: S/T/D ☐ Change ☒ Addition
NAME: Susan B. Dunbar
STREET ADDRESS: 1857 Ox Bow Trace
CITY-ST-ZIP: Tallahassee, FL 32312

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
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)(f), 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:

Susan B. Dunbar

4/6/05

850-222-3533

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/2 20