

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000166128

**FILED**  
**Mar 16, 2011**  
**Secretary of State**

**Entity Name:** SEASIDE AT ALLIGATOR POINT, INC.

**Current Principal Place of Business:**

215 SOUTH MONROE STREET  
2ND FLOOR  
TALLAHASSEE, FL 32302

**New Principal Place of Business:**

**Current Mailing Address:**

215 SOUTH MONROE STREET  
2ND FLOOR  
TALLAHASSEE, FL 32302

**New Mailing Address:**

**FEI Number:** 20-2173062

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DUNBAR, MARC W  
215 SOUTH MONROE STREET  
2ND FLOOR  
TALLAHASSEE, FL 32302 US

**Name and Address of New Registered Agent:**

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** PD  
**Name:** SAFLEY, R Z  
**Address:** C/O P. O. BOX 10095  
**City-St-Zip:** TALLAHASSEE, FL 32302

**Title:** VD  
**Name:** BROWNING, DAVID  
**Address:** C/O P. O. BOX 10095  
**City-St-Zip:** TALLAHASSEE, FL 32302

**Title:** STD  
**Name:** DUNBAR, SUSAN  
**Address:** 1857 OX BOW TRACE  
**City-St-Zip:** TALLAHASSEE, FL 32312

I hereby 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 all other like empowered.

**SIGNATURE:** SUSAN DUNBAR

SEC

03/16/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date