

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000053237

FILED
Feb 03, 2006
Secretary of State

Entity Name: SEASIDE PROPERTY INSURANCE, INC.

Current Principal Place of Business:

601 CLEVELAND AVE.
STE. 600
CLEARWATER, FL 33755

New Principal Place of Business:

Current Mailing Address:

601 CLEVELAND AVE.
STE. 600
CLEARWATER, FL 33755

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P.O. BOX 6200 32314-6200
200 E. GAINES ST.
TALLAHASSEE, FL 32399 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VS () Delete
Name: EGAN, JOSEPH P
Address: 400 VILLAGE VIEW LANE
City-St-Zip: LONGWOOD, FL 32779

Title: PD () Delete
Name: WIDDICOMBE, RICHARD A
Address: 4924 NW 85TH RD.
City-St-Zip: CORAL SPRINGS, FL 33067

Title: D () Delete
Name: VASILOUDES, PANOS
Address: 12108 MARBLEHEAD DR.
City-St-Zip: TAMPA, FL 32626

Title: D () Delete
Name: MEROLI, PETRIT
Address: 967 ELDORADO AVENUE
City-St-Zip: CLEARWATER, FL 33767

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: EGAN, JOSEPH P
Address: 400 VILLAGE VIEW LANE
City-St-Zip: LONGWOOD, FL 32779

Title: D (X) Change () Addition
Name: WIDDICOMBE, RICHARD A
Address: 4924 NW 85TH RD.
City-St-Zip: CORAL SPRINGS, FL 33067

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: PEERBHAI, IKE
Address: 1034 SQUIRE JOHN ROAD
City-St-Zip: PALM CITY, FL 34990

I hereby certify that the information supplied with this filing does not qualify for the 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: JOSEPH P. EGAN

D

02/03/2006

Electronic Signature of Signing Officer or Director

Date