

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**

**Feb 08, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P93000088866**

1. Entity Name

SEA DOWNS APARTMENT MOTEL, INC.



Principal Place of Business  
2900 NORTH SURF RD.  
HOLLYWOOD FL 33019

Mailing Address  
2900 NORTH SURF RD.  
HOLLYWOOD FL 33019



1st MOORE

CR2E034 (10/06)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0473747**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

HERZOG, CLAUDIA  
2900 NORTH SURF RD.  
HOLLYWOOD FL 33019

Name

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

City

**FL**

Zip Code

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, 2007 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

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  
NAME  
STREET ADDRESS  
CITY ST ZIP  
DPT  
HERZOG, CLAUDIA  
2900 NORTH SURF RD.  
HOLLYWOOD FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP  
U00000628326  
02/16/07-80010-011 150.00 ☐ Change ☐ Add

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP  
DVPS  
HERZOG, KARL  
2900 NORTH SURF RD.  
HOLLYWOOD FL ☐ Delete

TITLE  
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STREET ADDRESS  
CITY ST ZIP  
☐ Change ☐ Add

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Claudia Herzog CLAUDIA HERZOG 2/6/07 954-923-449  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #