

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 01, 2004 8:00 am**  
**Secretary of State**

03-01-2004 90059 001 \*\*\*300.00  
03-01-2004 90059 002 \*\*\*\*\*8.75

DOCUMENT # P98000090643

1. Entity Name  
SEAHORSE COMMUNITIES, INC.



Principal Place of Business Mailing Address  
~~9650 W. TERRY ST.~~ *27020 Flamingo Dr.* ~~9650 W. TERRY ST.~~ *27020 Flamingo Dr.*  
BONITA SPRINGS, FL 34135 BONITA SPRINGS, FL 34135

66404011



2. Principal Place of Business 3. Mailing Address  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
City & State City & State  
Zip Country Zip Country

01212004 Chg-P CR2E034 (10/03)

4. FEI Number 59-3606683 Applied For Not Applicable  
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
BACARDI, STEVE  
9650 W. TERRY ST.  
BONITA SPRINGS, FL 34135

7. Name and Address of New Registered Agent  
Name *STEVE BACARDI*  
Street *27020 Flamingo Drive*  
City *Bonita Springs* FL Zip Code *34135*

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 *STEVE BACARDI PRES.*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE *1/28/04*

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS  
TITLE NAME PSOT BACARDI, STEVE ☐ Delete  
STREET ADDRESS ~~9650 W. TERRY STREET~~ *27020 FLAMINGO DR.*  
CITY-ST-ZIP BONITA SPRINGS, FL 34135  
TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  
TITLE NAME PSOT Bacardi, Steve ☒ Change ☐ Addition  
STREET ADDRESS *27020 Flamingo Drive*  
CITY-ST-ZIP *Bonita Springs FL 34135*  
TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE NAME ☐ Change ☐ Addition  
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)(i), 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 another like empowered.

SIGNATURE: *Steve Bacardi*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE *1/28/04* 239-593-1200  
Daytime Phone \*