

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 734630

Entity Name: SEVEN SEAS CRUISING ASSOCIATION, INC.**Current Principal Place of Business:**224 WEST STATE STREET
TRENTON, NJ 08608**Current Mailing Address:**224 WEST STATE STREET
TRENTON, NJ 08608 US**FEI Number:** 59-1669131**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**REGISTERED AGENTS INC
7901 4TH STREET N,
SUITE 300
ST.PETERSBURG, FL 33702 US*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

Officer/Director Detail :

Title	DIRECTOR
Name	ROSS, KINGSLEY
Address	234 HARBOUR PT DR
City-State-Zip:	CRAWFORDVILLE FL 32327

Title	SECRETARY
Name	GUNDLACH, SKIP
Address	892 33RD LANE
City-State-Zip:	VERO BEACH FL 32960

Title	VP
Name	CORDERO, TOM
Address	2305 LAUREL STREET #314
City-State-Zip:	SAN JUAN OC 00931

Title	DIRECTOR
Name	CAREY, JOY
Address	7739 E. BROADWAY BLVD. #45
City-State-Zip:	TUCSON AZ 85710

Title	DIRECTOR
Name	LANE, VICKI
Address	411 WALNUT ST #12460
City-State-Zip:	GREEN COVE SPRINGS FL 32043

Title	ASSOCIATE EXECUTIVE DIRECTOR
Name	SAPUTELLI, RAY
Address	224 WEST STATE STREET
City-State-Zip:	TRENTON NJ 08608

Title	VP
Name	CONOVER, JOAN
Address	11225 BEECHWOOD PT
City-State-Zip:	SMITHFIELD VA 23430

Title	TREASURER
Name	GILLINGS, DON
Address	351 ABALON CT
City-State-Zip:	NEW ORLEANS LA 20114

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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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: RAY SAPUTELLIASSOCIATE EXECUTIVE
DIRECTOR

06/06/2022

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	VANDEGEIJN, BETH
Address	1980 POPLAR RIDGE ROAD
City-State-Zip:	PASADENA MD 21122