2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2025
Secretary of State
0157934586CC

DOCUMENT# 734630

Entity Name: SEVEN SEAS CRUISING ASSOCIATION, INC.

Current Principal Place of Business:

411 WALNUT STREET #17000
GREEN COVE SPRING, FL 32043-3443

Current Mailing Address:

411 WALNUT STREET #17000
GREEN COVE SPRING, FL 32043-3443 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	VP
Name	SMITH, FRANK
Address	1800 JONATHAN WAY #1313
City-State-Zip:	RESTON VA 20190

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

Title	DIRECTOR
Name	HUDSON, BILL
Address	312 W ALLEN'S LANE
City-State-Zip:	PHILADELPHIA PA 19119

Title	SECRETARY
Name	OGLINE, MICHAEL
Address	3016 SOUTH CT.
City-State-Zip:	WILLIAMSBURG VA 23185

Title	ASSOCIATION MANAGER
Name	KRISS, YVONNE
Address	814 PINE NEEDLE LANE
City-State-Zip:	JOLIET IL 60432

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

Title	DIRECTOR
Name	CULLEN, BILL
Address	11405 LOUVRE PLACE
City-State-Zip:	TEMPLE TERRACE FL 33617

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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: YVONNE KRISS ASSOCIATION MANAGER 04/21/2025

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	DAVIES, RICHARD NEIL
Address	6357 COUNTY ROAD 95
City-State-Zip:	ELBERTA AL 36530