

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 763738

Entity Name: SEASIDE I HOMEOWNERS' ASSOCIATION, INC.**Current Principal Place of Business:**56 ARBOR LANE
SANTA ROSA BEACH, FL 32459**Current Mailing Address:**P O BOX 4957
SANTA ROSA BEACH, FL 32459 US**FEI Number:** 59-2581325**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ANCHORS, MICHELLE
3113 LEWIS TURNER BLVD
SUITE 100
FORT WALTON BEACH, FL 32547 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	VP
Name	KNOTTS, KERRI
Address	PO BOX 132165
City-State-Zip:	SPRING TX 77393

Title	TREASURER
Name	JABBOUR, RICHARD
Address	PO BOX 4843
City-State-Zip:	SANTA ROSA BEACH FL 32459

Title	PRESIDENT
Name	BLACKSTOCK, JOEL
Address	1742 KENSINGTON ROAD
City-State-Zip:	BIRMINGHAM AL 35209

Title	SECRETARY
Name	GLASGOW, LOIS
Address	4611 TRAVIS STREET UNIT 1409B
City-State-Zip:	DALLAS TX 75205

Title	DIRECTOR
Name	GRANT, JEFF
Address	466 BROADWAY
City-State-Zip:	COSTA MESA CA 92627

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: JOEL BLACKSTOCK**PRESIDENT****03/22/2022**_____
Electronic Signature of Signing Officer/Director Detail_____
Date