

SEA COAST MANAGEMENT, INC

Payment Receipt Confirmation

Your payment was successfully processed.

Transaction Summary

Receipt Confirmation	
Description	Amount
Total Amount Paid	\$61.25
	\$61.25

Customer Information

Customer Name	Michael Bono	Receipt Date	4/24/2023
Local Reference ID	3465433821CC 720225	Receipt Time	10:03:36 AM EDT

Payment Information

Payment Type	Credit Card	Credit Card Number	*****8683
Credit Card Type	VISA	Order ID	5800437

Billing Information

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 720225

Entity Name: SEA COAST MANAGEMENT, INC.

Current Principal Place of Business:

4155 S. ATLANTIC AVE.
NEW SMYRNA BEACH, FL 32169-3717

Current Mailing Address:

4155 S. ATLANTIC AVE.
NEW SMYRNA BEACH, FL 32169-3717

FEI Number: 59-1362134

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HERMAN, JANE
4155 S.ATLANTIC AVE.
NEW SMYRNA BCH., FL 32169 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: JANE HERMAN

04/24/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title VP
Name BONO, MICHAEL
Address 4155 S. ATLANTIC AVE.
City-State-Zip: NEW SMYRNA BEACH FL 32169-3717

Title SECRETARY
Name KOLESSAR, SHERYL
Address 4155 S. ATLANTIC AVE.
City-State-Zip: NEW SMYRNA BEACH FL 32169-3717

Title DIRECTOR
Name KAPLAN, SHERI
Address 4155 S. ATLANTIC AVE.
City-State-Zip: NEW SMYRNA BEACH FL 32169-3717

Title DIRECTOR
Name KENNEDY, KEVIN
Address 4155 S. ATLANTIC AVE.
City-State-Zip: NEW SMYRNA BEACH FL 32169-3717

Title TREASURER
Name COLEMAN, DAN
Address 4155 S ATLANTIC AVE
City-State-Zip: NW SMYRNA BEACH FL 32169

Title DIRECTOR
Name NECRASON, CONRAD
Address 4155 S. ATLANTIC AVE.
City-State-Zip: NEW SMYRNA BEACH FL 32169-3717

Title PRESIDENT
Name GRIMMER, JASON
Address 4155 S. ATLANTIC AVE.
City-State-Zip: NEW SMYRNA BEACH FL 32169-3717

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: JASON GRIMMER

PRESIDENT

04/24/2023

Electronic Signature of Signing Officer/Director Detail

Date