

**2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Apr 16, 2009**  
**Secretary of State**

DOCUMENT# 741183

**Entity Name:** SEA PALMS CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**3200 NORTH A1A  
FT. PIERCE, FL 34949**New Principal Place of Business:****Current Mailing Address:**3200 NORTH A1A  
FT. PIERCE, FL 34949**New Mailing Address:****FEI Number:** 59-1870269**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**YATES & MANCINI, LLC  
311 SOUTH SECOND STREET  
FORT PIERCE, FL 34950 US**Name and Address of New Registered Agent:**MCKINNON, CHARLES W ESQ.  
3055 CARDINAL DRIVE #302  
VERO BEACH, FL 32963 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: CHARLES W. MCKINNON, ESQ.

04/16/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: PALATUCCI, LYNN  
Address: 3200 N A1A # 702  
City-St-Zip: FT. PIERCE, FL 34949

Title: PD ( ) Delete  
Name: CLEMENTS, CAROL  
Address: 3200 N A1A #1205  
City-St-Zip: FT. PIERCE, FL 34949

Title: VPD ( ) Delete  
Name: GRANGE, TERRY  
Address: 3200 N A1A #1110  
City-St-Zip: FORT PIERCE, FL 34949

Title: D ( ) Delete  
Name: WRENCH, DANIEL  
Address: 3200 N A1A 106  
City-St-Zip: FORT PIERCE, FL 34949

Title: TD ( ) Delete  
Name: COXSON, LOUISE  
Address: 3200 N A1A-#405  
City-St-Zip: FORT PIERCE, FL 34949

Title: SD ( ) Delete  
Name: STEVENS, ROBERT  
Address: 3200 N A1A-#802  
City-St-Zip: FT PIERCE, FL 34949

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: CHARLES W. MCKINNON, ESQ.

RA

04/16/2009

Electronic Signature of Signing Officer or Director

Date