

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 748883

FILED  
Mar 18, 2009  
Secretary of State

Entity Name: SETON BY THE SEA CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

8000 RIDGEWOOD AVENUE  
CAPE CANAVERAL, FL 32920 US

**New Principal Place of Business:**

**Current Mailing Address:**

8000 RIDGEWOOD AVE  
CAPE CANAVERAL, FL 32920 US

**New Mailing Address:**

FEI Number: 59-2167202      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KANE, CHARLES  
4510 DEANNA CT  
MERRITT ISLAND, FL 32953 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: BARRY, SHEILA  
Address: 8000 RIDGEWOOD AVE  
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: D ( ) Delete  
Name: ATKINSON, ARLENE  
Address: 8000 RIDGEWOOD AVE, #105  
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: SD ( ) Delete  
Name: BOLD, CHERYL  
Address: 8000 RIDGEWOOD AVE #206  
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: VD ( ) Delete  
Name: SUMMERS, PAUL  
Address: 6908 HALLWOOD CT  
City-St-Zip: LOUISVILLE, KY 40291

Title: TD ( ) Delete  
Name: GOTTWALD, GEORGE  
Address: 55 PATRON PL  
City-St-Zip: BALLSTON LAKE, NY 12019

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

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

Title: S (X) Change ( ) Addition  
Name: ATKINSON, ARLENE  
Address: 8000 RIDGEWOOD AVE, #105  
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: D (X) Change ( ) Addition  
Name: BOLD, CHERYL  
Address: 8000 RIDGEWOOD AVE #206  
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: VPD (X) Change ( ) Addition  
Name: SUMMERS, PAUL  
Address: 8000 RIDGEWOOD AVE #211  
City-St-Zip: CAPE CANAVERAL, FL 32920

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: SHEILA BARRY

PD

03/18/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date