

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 751871

FILED
Feb 18, 2009
Secretary of State

Entity Name: SEA TREAT CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2110 GULF BLVD
PO BOX 763
INDIAN ROCKS BCH, FL 33785 US

New Principal Place of Business:

2110 GULF BLVD
7
INDIAN ROCKS BCH, FL 33785 US

Current Mailing Address:

2110 GULF BLVD
PO BOX 763
INDIAN ROCKS BCH, FL 337850763 US

New Mailing Address:

2110 GULF BLVD
7
INDIAN ROCKS BCH, FL 33785 US

FEI Number: 59-2027109

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REAM, BENJAMIN
2110 GULF BLVD UNIT #7
INDIAN ROCKS BEACH, FL 33785 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: D () Delete
Name: FERGUSON, THOMAS
Address: 1810 EAST MAIN ST
City-St-Zip: GREENFIELD, IN 46140

Title: STD () Delete
Name: REAM, BENJAMIN
Address: 2110 GULF BLVD
City-St-Zip: INDIAN ROCKS BEACH, FL 33785

Title: PD () Delete
Name: HALL, CLETIA
Address: 1150 WHISPER RUN CT
City-St-Zip: LUTZ, FL 33549

Title: D () Delete
Name: BLAKE, ESTELLE
Address: 2110 GULF BLVD
City-St-Zip: INDIAN ROCKS BEACH, FL 33785

Title: D () Delete
Name: FERGUSON, JOAN
Address: 474 BAY MEADOW DR
City-St-Zip: WEBSTER, NY 14580

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:

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: BENJAMIN REAM

STD

02/18/2009

Electronic Signature of Signing Officer or Director

_____ Date