2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2009
Secretary of State

DOCUMENT# 760667

Entity Name: SEA HAVEN CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

6100 AIA SOUTH
SAINT AUGUSTINE, FL 32080

New Principal Place of Business:

Current Mailing Address:

6100 AIA SOUTH
SAINT AUGUSTINE, FL 32080

New Mailing Address:

FEI Number: 59-2215816 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

THOMSEN, WILLIAM F
6100 A1A SOUTH
#214
ST AUGUSTINE, FL 32084 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: THOMSEN, WILLIAM F
Address: 131 HERON'S NEST AVE
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: VD ( ) Delete
Name: MARTIN, MICHELE
Address: 6100 A1A S. #112
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: D ( ) Delete
Name: RICHTER, DONALD
Address: 6100 A1A SOUTH #115
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: TD ( ) Delete
Name: CREWS, BARTOM
Address: 363 DOCTORS LAKE DR
City-St-Zip: ORANGE PARK, FL 32065

Title: SD ( ) Delete
Name: GREY, KELLY
Address: 1843 CR 20 9B
City-St-Zip: GREEN COVE SPRINGS, FL 32608

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: WILLIAM THOMSEN P 03/24/2009

Electronic Signature of Signing Officer or Director — Date