2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#769548

FILED Apr 09, 2008 Secretary of State

Entity Nar	ne: SEASIDE	E OF VILANO CONDOMINIUM	ASSN., IN	NC.			
Current Principal Place of Business:				New Principal Place of Business:			
2180 WEST SR 434, SUITE 5000 LONGWOOD, FL 327795044				2180 WEST SR 434 SUITE 5000 LONGWOOD, FL 327795044			
Current Mailing Address:				New Mailing Address:			
2180 WEST SR 434, SUITE 5000 LONGWOOD, FL 327795044				2180 WEST SR 434 SUITE 5000 LONGWOOD, FL 327795044			
FEI Number:	59-2337279	FEI Number Applied For ()	FEI Nun	nber Not Appl	icable ()	Certificate of Status Desired ()	
Name and	Address of	Current Registered Agent:		Name and	Address of	New Registered Agent:	
HART, JAMES W JR 2180 WEST SR 434, SUITE 5000 LONGWOOD, FL 327795044 US				HART, JAMES W JR SENTRY MANAGEMENT INC 2180 WEST SR 434 SUITE 5000 LONGWOOD, FL 327795044 US			
	named entity of Florida.	submits this statement for the p	ourpose o	f changing it	ts registered	office or registered agent, or both,	
SIGNATURE: JAMES W HART JR						04/09/2008	
	Electro	ent			Date		
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR			
Title: Name: Address: City-St-Zip:	BRITT, BRENE 3385 COASTA			Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	MOLINARO, P 3385 COASTA) Delete ETE L HIGHWAY #26 TINE, FL 32084		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	VPD (HAYMAN, CINI 22661 LABRU: VIEJO, CA 92	SCA MISSION		Title: Name: Address: City-St-Zip:	HAYMAN, CII	USCA MISSION	
Title: Name: Address: City-St-Zip:	D (SPIRES, CHRI 3385 COASTA ST AUGUSTIN	L HWY N #1		Title: Name: Address: City-St-Zip:		()Change ()Addition	
Title: Name: Address: City-St-Zip:	() Delete		Title: Name: Address: City-St-Zip:	SHOTTER, A 1124 MT PLE		

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: BRENDA BRITT PD 04/09/2008