

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000213

FILED
May 10, 2007
Secretary of State

Entity Name: SEA STREETS ACCESS ASSOCIATION, INC.

Current Principal Place of Business:

C/O EDWARDS ANGELL PALMER & DODGE LLP
ONE N CLEMATIS ST., SUITE 400
WEST PALM BEACH, FL 33401

New Principal Place of Business:

Current Mailing Address:

EDWARDS ANGELL PALMER & DODGE LLP
ONE N CLEMATIS ST., STE 400 [G.WOODFIELD]
WEST PALM BEACH, FL 33401

New Mailing Address:

FEI Number: 04-3658289 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

ANGELL CORPORATE SERVICES, INC.
ONE N CLEMATIS ST., SUITE 400
WEST PALM BEACH, FL 33401 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SCAFF, DAVID H
Address: 159 SEASPRAY AVENUE
City-St-Zip: PALM BEACH, FL 33480

Title: VD () Delete
Name: PRESSLY, KATHLEEN
Address: 133 SEASPRAY AVENUE
City-St-Zip: PALM BEACH, FL 33480

Title: STD () Delete
Name: WOODFIELD, GARY A
Address: 150 SEASPRAY AVENUE
City-St-Zip: PALM BEACH, FL 33480

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:

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: GARY A. WOODFIELD

D

05/10/2007

Electronic Signature of Signing Officer or Director

Date