## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N01000000213

City-St-Zip:

PALM BEACH, FL 33480

FILED Feb 18, 2009 Secretary of State

Entity Name: SEA STREETS ACCESS ASSOCIATION, INC. **Current Principal Place of Business: New Principal Place of Business:** C/O EDWARDS ANGELL PALMER & DODGE LLP EDWARDS, ANGELL ET AL. - ATTN: GAWOODFIELD ONE N CLEMATIS ST., SUITE 400 ONE N CLÉMATIS ST., SUITE 400 WEST PALM BEACH, FL 33401 WEST PALM BEACH, FL 33401 New Mailing Address: **Current Mailing Address:** EDWARDS ANGELL PALMER & DODGE LLP EDWARDS, ANGELL ET AL. - ATTN: GAWOODFIELD ONE N CLEMATIS ST., STE 400 ONE N CLEMATIS ST., STE 400 [G.WOODFIELD] WEST PALM BEACH, FL 33401 WEST PALM BEACH, FL 33401 FEI Number: 04-3658289 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) 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 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition SCAFF, DAVID H Name: Name: 159 SEASPRAY AVENUE Address: Address: City-St-Zip: PALM BEACH, FL 33480 City-St-Zip: Title: VD () Delete Title: () Change () Addition PRESSLY, KATHLEEN Name: Name: Address: 133 SEASPRAY AVENUE Address: City-St-Zip: PALM BEACH, FL 33480 City-St-Zip: Title: STD () Delete Title: () Change () Addition WOODFIELD, GARY A Name: Name: 150 SEASPRAY AVENUE Address: Address:

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.

City-St-Zip:

SIGNATURE: GARY A. WOODFIELD, SECRETARY S