

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000002461

FILED
Mar 15, 2010
Secretary of State

Entity Name: SEA PINES PROPERTY OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

C/O MAY MGMT SERVICES, INC
5455 HWY A1A SOUTH
SAINT AUGUSTINE, FL 32080

New Principal Place of Business:

Current Mailing Address:

5455 A1A SOUTH
ST. AUGUSTINE, FL 32080

New Mailing Address:

FEI Number: 03-0432677

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAY MANAGEMENT SERVICES, INC.
5455 A1A SOUTH
SAINT AUGUSTINE, FL 32080 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: T
Name: KEIM, JOHN E
Address: 605 GREENWOOD CIRCLE
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: VP
Name: MOBERLY, DAN
Address: 1017 CEDAR COVE DR
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: D
Name: ZIECHECK, ERIC
Address: 707 NW 20TH ST
City-St-Zip: GAINESVILLE, FL 32603

Title: D
Name: WILSON, ANJA
Address: 740 NEEDLE GRASS DRIVE
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: P
Name: MATTHEWS, WILLIAM
Address: 751 NEEDLE GRASS DRIVE
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: S
Name: FOSTER, LOIS
Address: 1054 CEDAR COVE DRIVE
City-St-Zip: ST. AUGUSTINE, FL 32086

I hereby 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 all other like empowered.

SIGNATURE: JOHN KEIM

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03/15/2010

Electronic Signature of Signing Officer or Director

Date