

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09839

FILED  
Mar 27, 2009  
Secretary of State

Entity Name: SEALOFT OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

12273 EMERALD COAST PKWY STE113  
MIRAMAR BEACH, FL 32550 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O WILLA MERRIOTT REALY INC.  
P.O. BOX 663  
DESTIN, FL 32540 US

**New Mailing Address:**

FEI Number: 59-2586021      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MATTHEWS, DANA C ESQ.  
4475 LEGENDARY DR  
DESTIN, FL 32541 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: MOORE, ALWAL  
Address: 13197 MAPLE DRIVE  
City-St-Zip: ST. LOUIS, MO 63127

Title: STD ( ) Delete  
Name: TITUS-MOORE, ELIZABETH  
Address: 13197 MAPLE DR  
City-St-Zip: ST. LOUIS, MO 63127

Title: VP ( ) Delete  
Name: BOND, BILL  
Address: 4540 HANSHIRE CT  
City-St-Zip: SAINT LOUIS, MO 63128

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: VP (X) Change ( ) Addition  
Name: MOORE, ALWAL  
Address: 13197 MAPLE DRIVE  
City-St-Zip: ST. LOUIS, MO 63127

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: P (X) Change ( ) Addition  
Name: BOND, BILL  
Address: 976 SOUTH HIGHWAY DRIVE  
City-St-Zip: FENTON, MO 63026

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: BILL BOND

PRES

03/27/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date