2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2011
Secretary of State

DOCUMENT# N21972

Entity Name: SEA PLACE II HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

MAY MANAGEMENT SERVICES, INC
5455 A1A SOUTH
ST AUGUSTINE, FL 32080 US

New Principal Place of Business:

Current Mailing Address:

MAY MANAGEMENT SERVICES, INC
5455 A1A SOUTH
ST AUGUSTINE, FL 32080 US

New Mailing Address:

FEI Number: 59-2905580 **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
SUITE 3
ST 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: VP
Name: WILSON, DON
Address: 5455 A1A SOUTH
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: T
Name: HICKS, EVELYN
Address: 5455 A1A SOUTH
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: S
Name: PATTISON, MICHAEL
Address: 5455 A1A SOUTH
City-St-Zip: ST AUGUSTINE, FL 32080

Title: P
Name: BASSETT, BILL
Address: 5455 A1A SOUTH
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: VP
Name: ROUGE, FREDERICK
Address: 5455 A1A SOUTH
City-St-Zip: SAINT AUGUSTINE, FL 32080

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: EVELYN HICKS T 03/24/2011

Electronic Signature of Signing Officer or Director — Date