

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 13, 2009
Secretary of State**

DOCUMENT# 706983

Entity Name: SEACOAST GARDENS APARTMENTS ASSOCIATION CONDOMINIUM, INC.

Current Principal Place of Business:

2186 N. A1A HIGHWAY
INDIAN HARBOUR BEACH, FL 32937 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 360391
MELBOURNE, FL 32936 US

New Mailing Address:

FEI Number: 59-1111589 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMOYER, ALTHEA M
6265 CORSICA BLVD.
PORT ST. JOHN, FL 32927 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: VPD () Delete
Name: MCVICKER, JERRY
Address: 2085 HWY A1A, UNIT 3202
City-St-Zip: INDIAN HARBOUR BEACH, FL 32937

Title: S () Delete
Name: WALTON, DARREN S
Address: 2186 HWY A1A, UNIT A-7
City-St-Zip: INDIAN HARBOUR BEACH, FL 32937

Title: P () Delete
Name: HOLT, RICHARD
Address: 2186 HWY A1A UNIT A-5
City-St-Zip: INDIAN HAROUR BEACH, FL 32937

Title: T () Delete
Name: MOHER, RICHARD A
Address: 2186 A1A HWY, UNIT #C-5
City-St-Zip: INDIAN HARBOUR BEACH, FL 32937

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:

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: RICHARD HOLT

P

04/13/2009

Electronic Signature of Signing Officer or Director

Date