

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 710623

FILED
Apr 29, 2009
Secretary of State

Entity Name: SOUTHEAST VOLUSIA KC BUILDING ASSOCIATION INC.

Current Principal Place of Business:

516 SOUTH ORANGE AVENUE
NEW SMYRNA BEACH, FL 32168

New Principal Place of Business:

Current Mailing Address:

516 SOUTH ORANGE AVENUE
NEW SMYRNA BEACH, FL 32168

New Mailing Address:

FEI Number: 93-0820067

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANDREANO, JOSEPH
724 GREEN ROAD
NEW SMYRNA BEACH, FL 32168 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: DP () Delete
Name: AMALFITANO, ALBERT
Address: 1531 S RIVERSIDE DR
City-St-Zip: EDGEWATER, FL 32132

Title: D () Delete
Name: SKOWRONSKI, JAMES W
Address: 400 SEA GULL CT
City-St-Zip: EDGEWATER, FL 32141

Title: DS () Delete
Name: STUDER, FREDERICK
Address: 1205 WAYNE AVENUE
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: DVPT () Delete
Name: ANDREANO, JOSEPH
Address: 724 GREEN RD
City-St-Zip: NEW SMYRNA BEACH, FL 32168

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: CONROY, GARY
Address: 3107 QUEEN PALM
City-St-Zip: EDGEWATER, FL 32141

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: JOSEPH J. ANDREANO

TREA

04/29/2009

Electronic Signature of Signing Officer or Director

Date