

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 713684

FILED  
Feb 20, 2008  
Secretary of State

**Entity Name:** SEA GATE HARBOR HOME OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

110 BEACHWAY AVENUE  
PALM CITY, FL 34990 US

**New Principal Place of Business:**

1760 COXSWAIN PL  
PALM CITY, FL 34990 US

**Current Mailing Address:**

P.O. BOX 304  
PALM CITY, FL 34991 US

**New Mailing Address:**

**FEI Number:** 59-2362328      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

TUSCHICK, CAROL  
1751 COMMODORE PL  
PALM CITY, FL 34990 US

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

GENEST, VIRGINIA  
1760 COXSWAIN PL  
PALM CITY, FL 34990 US

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: VIRGINIA GENEST

02/20/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: ARNOLD, JOHN  
Address: 110 BEACHWAY AVENUE  
City-St-Zip: PALM CITY, FL 34990

Title: VD ( ) Delete  
Name: BARTELL, ROBERT J  
Address: 1717 CABIN PLACE  
City-St-Zip: PALM CITY, FL 34990

Title: SD ( ) Delete  
Name: ARNOLD, ELLEN  
Address: 110 BEACHWAY AVENUE  
City-St-Zip: PALM CITY, FL 34990

Title: TD (X) Delete  
Name: MARSHALL, LISA  
Address: 1649 SW ALBATROSS WAY  
City-St-Zip: PALM CITY, FL 34990

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

Title: PD (X) Change ( ) Addition  
Name: BARTELL, ROBERT  
Address: 1717 CABIN PL  
City-St-Zip: PALM CITY, FL 34990

Title: VD (X) Change ( ) Addition  
Name: ELLEN, ARNOLD J  
Address: 110 BEACHWAY AVE  
City-St-Zip: PALM CITY, FL 34990

Title: SD (X) Change ( ) Addition  
Name: VIRGINIA, GENEST  
Address: 1760 COXSWAIN PL  
City-St-Zip: PALM CITY, FL 34990

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: VIRGINIA GENEST

SD

02/20/2008

Electronic Signature of Signing Officer or Director

Date