

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 713684

FILED
Apr 02, 2009
Secretary of State

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

Current Principal Place of Business:

1760 COXSWAIN PL
PALM CITY, FL 34990 US

New Principal Place of Business:

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:

GENEST, VIRGINIA
1760 COXSWAIN PL
PALM CITY, FL 34990 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: BARTELL, ROBERT
Address: 1717 CABIN PL
City-St-Zip: PALM CITY, FL 34990

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

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

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:

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: ROY E GANS

TRES

04/02/2009

Electronic Signature of Signing Officer or Director

Date