

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 714782

FILED
Mar 19, 2009
Secretary of State

Entity Name: THE SEADUNES ASSOCIATION INC.

Current Principal Place of Business:

5400 NORTH OCEAN DRIVE
RIVIERA BCH, FL 33404

New Principal Place of Business:

5400 N OCEAN DRIVE
RIVIERA BCH, FL 33404

Current Mailing Address:

5400 NORTH OCEAN DRIVE
RIVIERA BCH, FL 33404

New Mailing Address:

FEI Number: 59-1236497 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLISS, JANE
5400 NORTH OCEAN DRIVE
UNITE PH-D
RIVIERA BEACH, FL 33404 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: DT () Delete
Name: PASNIK, MARION
Address: 5400 NORTH OCEAN DRIVE
City-St-Zip: RIVIERA BEACH 3-D, FL 33404

Title: DV () Delete
Name: MCKINNEY, KEN
Address: 5400 N OCEAN DR UNITE 6-C
City-St-Zip: RIVIERA BCH, FL 33404

Title: D () Delete
Name: PHENIX, ELAINE
Address: 5400 N. OCEAN DR. 2C
City-St-Zip: RIVIERA BCH, FL 33404

Title: DP () Delete
Name: BLISS, JANE
Address: 5400 N OCEAN DR PH-D
City-St-Zip: RIVIERA BCH, FL 33404

Title: ND () Delete
Name: BALLING, TOM S
Address: 5400 N OCEAN DR 2-B
City-St-Zip: RIVIERA BCH, FL 33404

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DT (X) Change () Addition
Name: PASNIK, MARION
Address: 5400 N OCEAN DRIVE UNIT 3-D
City-St-Zip: RIVIERA BEACH, FL 33404

Title: DV (X) Change () Addition
Name: BALLING, TOM S
Address: 5400 N OCEAN DR UNIT 2-B
City-St-Zip: RIVIERA BCH, FL 33404

Title: D (X) Change () Addition
Name: PHENIX, ELAINE
Address: 5400 N. OCEAN DR. UNIT 2C
City-St-Zip: RIVIERA BCH, FL 33404

Title: DP (X) Change () Addition
Name: BLISS, JANE
Address: 5400 N OCEAN DR UNIT PH-D
City-St-Zip: RIVIERA BCH, FL 33404

Title: D (X) Change () Addition
Name: CONNETS, PAUL
Address: 5400 N OCEAN DR UNIT PH-A
City-St-Zip: RIVIERA BCH, FL 33404

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: JANE BLISS

P

03/19/2009

Electronic Signature of Signing Officer or Director

_____ Date