2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2009
Secretary of State

DOCUMENT# 720530

Entity Name: SEACREST VILLAS ASSOCIATION, INC.

Current Principal Place of Business:

1810 N. PALM WAY
BOYNTON BEACH, FL 33435

New Principal Place of Business:

Current Mailing Address:

C/O MANAGMENT SERVICES
5011 N. OCEAN BLVD.
OCEAN RIDGE, FL 33435

New Mailing Address:

FEI Number: 63-0645366 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

AASKOV, GAIL ADAMS
% MANAGEMENT SERVICES P.B.
5011 N OCEAN BLVD.
OCEAN RIDGE, FL 33435 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: DS ( ) Delete
Name: MEAKINGS, RUTH
Address: 1820 NEW PALM WAY
City-St-Zip: BOYNTON BEACH, FL 33435

Title: D ( ) Delete
Name: JARRETT, PETER
Address: 1820 NEW PALM, W
City-St-Zip: BOYNTON BEACH, FL 33435

Title: VPD ( ) Delete
Name: GAYLOR, DONNA
Address: 1810 NEW PALM WAY
City-St-Zip: BOYNTON BEACH, FL 33435

Title: DVP ( ) Delete
Name: MCMANAMAY, MARCIA
Address: 1810 NEW PALM WAY
City-St-Zip: BOYNTON BEACH, FL 33435

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DT (X) Change ( ) Addition
Name: SIMBRAT, LYNN
Address: 3584 KITELY AVE.
City-St-Zip: BOYNTON BEACH, FL 33436

Title: DS (X) Change ( ) Addition
Name: KOCHNOWICZ, MARY
Address: 1820 NEW PALM WAY #101
City-St-Zip: BOYNTON BEACH, FL 33435

Title: PD (X) Change ( ) Addition
Name: GAYLOR, DONNA
Address: 1810 NEW PALM WAY #218
City-St-Zip: BOYNTON BEACH, FL 33435

Title: DVP (X) Change ( ) Addition
Name: MCMANAMAY, MARCIA
Address: 1820 NEW PALM WAY #403
City-St-Zip: BOYNTON BEACH, FL 33435

Title: D ( ) Change (X) Addition
Name: BURNELL, RICHARD
Address: 1810 NEW PALM WAY #411
City-St-Zip: BOYNTON BEACH, FL 33435

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: DONNA GAYLOR PRES 04/17/2009

Electronic Signature of Signing Officer or Director — Date