2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#721358

FILED Mar 19, 2009 Secretary of State

Entity Name: SEAGATE BEACH CLUB, INC.

Current Principal Place of Business: New Principal Place of Business: 5291 SAND DOLLAR NAPLES, FL 34103 US **Current Mailing Address: New Mailing Address:** POST OFFICE BOX 770044 NAPLES, FL 34107 FEI Number: 23-7320977 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GROSS, CHARLOTTE H 5291 SÁND DOLLAR LN NAPLES, FL 34109 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: PD () Delete (X) Change () Addition BUSER, DAVID WU. ERNEST Name: Name: 5187 STARFISH Address: 5194 SEAHORSE Address: City-St-Zip: NAPLES, FL 34103 City-St-Zip: NAPLES, FL 34103 US Title: SD () Delete Title: D (X) Change () Addition DYKMAN, MARTHA Name: DYKMAN, RICK Name: Address: 5040 SEASHELL Address: 5040 SEASHELL City-St-Zip: NAPLES, FL 34103 City-St-Zip: NAPLES, FL 34103 US Title: () Delete Title: (X) Change () Addition GROSS, CHARLOTTE GROSS, CHARLOTTE Name: Name: 5291 SAND DOLLAR 5291 SAND DOLLAR Address: Address: City-St-Zip: NAPLES, FL 34103 City-St-Zip: NAPLES, FL 34103 US () Delete Title: Title: D (X) Change () Addition Name: LOU, ERNIE Name: ROGERS, ROBERT 5194 SEAHORSE 5164 SEAHORSE Address: Address: City-St-Zip: NAPLES, FL 34103 City-St-Zip: NAPLES, FL 34103 US Title: () Delete Title: () Change (X) Addition DEE, MEREDITH Name: Name: 5138 STARFISH Address: Address: NAPLES, FL 34103 US City-St-Zip: City-St-Zip: Title: () Delete Title: () Change (X) Addition ROGERS, ROBERT Name: Name: Address: Address: 5164 SEAHORSE NAPLES, FL 34103 US City-St-Zip: 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: CHARLOTTE GROSS TD 03/19/2009