

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 726182

FILED
Apr 08, 2008
Secretary of State

Entity Name: SOUTH EAST MARION COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

24798 SE HWY 42
UMATILLA, FL 32784 US

New Principal Place of Business:

Current Mailing Address:

24798 SE HWY 42
UMATILLA, FL 32784 US

New Mailing Address:

16840 SE 248 TERRACE
UMATILLA, FL 32784 US

FEI Number: 59-2855162

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DRIVER, BARBARA
16840 SE 248 TER
UMATILLA, FL 32784 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: D () Delete
Name: HALLGREN, BRUCE
Address: 16900 SE 272 CT
City-St-Zip: UMATILLA, FL 32784

Title: PD () Delete
Name: COOK, RICHARD
Address: 24415 W. HWY. 450
City-St-Zip: UMATILLA, FL 32784

Title: TD () Delete
Name: DRIVER, BARBARA
Address: 16840 SE 248 TER
City-St-Zip: UMATILLA, FL 32784

Title: SD () Delete
Name: COOKE, DELORES
Address: 24415 W. HWY 450
City-St-Zip: UMATILLA, FL 32784

Title: VD () Delete
Name: LITTON, AILEEN
Address: 24801 SE HWY 42
City-St-Zip: UMATILLA, FL 32784

Title: D () Delete
Name: DRIVER, JIM
Address: 16840 SE 248 TERRACE
City-St-Zip: UMATILLA, FL 32784

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: REED, ROBERTA
Address: 16845 SE 252ND AVE.
City-St-Zip: UMATILLA, FL 32784

Title: VD (X) Change () Addition
Name: FOCKE, RON
Address: 17350 SE 248TH TER.
City-St-Zip: UMATILLA, FL 32784

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: LITTON, AILEEN
Address: 24801 SE HWY 42
City-St-Zip: UMATILLA, FL 32784

Title: D (X) Change () Addition
Name: FOCKE, BETTY
Address: 17350 SE 248 TERRACE
City-St-Zip: UMATILLA, FL 32784

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: BARBARA DRIVER

TREA

04/08/2008

Electronic Signature of Signing Officer or Director

Date