

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 732532

FILED
Mar 17, 2009
Secretary of State

Entity Name: SEA RANCH CLUB CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

5000 NORTH OCEAN BLVD.
FT LAUDERDALE, FL 33308

New Principal Place of Business:

Current Mailing Address:

5000 NORTH OCEAN BLVD.
FT LAUDERDALE, FL 33308

New Mailing Address:

FEI Number: 59-1657961

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROGER, RANDALL K P.A.
621 NW 53 ST
SUITE 300
BOCA RATON, FL 33487 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: TD () Delete
Name: VALAD, PAMLA
Address: 4900 N OCEAN BLVD
City-St-Zip: LAUDERDALE BY THE SEA, FL 33308

Title: SD () Delete
Name: GADRY, MARY
Address: 5000 N OCEAN BLVD
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: VD () Delete
Name: KLEIN, STUART
Address: 5000 N OCEAN BLVD
City-St-Zip: CBTS, FL 33308

Title: PD () Delete
Name: KELLERMEYER, NANCY
Address: 5100 N. OCEAN BLVD
City-St-Zip: LBTS, FL 33308

Title: DD () Delete
Name: MCCLURE, CAROLYN
Address: 5000 N OCEAN BLVD
City-St-Zip: FT. LAUID, FL 33398

Title: VD () Delete
Name: RUSSO, DANTE
Address: 4900 N OCEAN BLVD
City-St-Zip: LBTS, FL 33308

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: SD (X) Change () Addition
Name: KELLERMEYER, NANCY
Address: 5100 N OCEAN BLVD
City-St-Zip: FORT LAUDERDALE, FL 33308

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

Title: PD (X) Change () Addition
Name: MOORE, LYNN
Address: 5000 N. OCEAN BLVD
City-St-Zip: LBTS, FL 33308

Title: VD (X) Change () Addition
Name: CATINELLA, FRANK
Address: 5100 N OCEAN BLVD
City-St-Zip: FT. LAUID, FL 33398

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: LYNN MOORE

PD

03/17/2009

Electronic Signature of Signing Officer or Director

Date