2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2009
Secretary of State

DOCUMENT# 734320

Entity Name: SEAHORSE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

955 FT PICKENS RD
N
PENSACOLA BEACH, FL 32561

New Principal Place of Business:

Current Mailing Address:

955 FT PICKENS RD
N
PENSACOLA BEACH, FL 32561

New Mailing Address:

FEI Number: 59-1648564 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HARRIS, ROBERT K
955 FT PICKENS RD
N
PENSACOLA BEACH, FL 32561 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: BROWNING, ROBERT
Address: 955 FT. PICKENS RD. P
City-St-Zip: PENSACOLA BEACH, FL 32561

Title: D ( ) Delete
Name: RICHEY, ROBBIE
Address: 955 FT PICKENS RD. R
City-St-Zip: PENSACOLA, FL 32501

Title: D ( ) Delete
Name: NESMITH, ALLEN
Address: 955 FT. PICKONS RD UNIT E
City-St-Zip: PENSACOLA BEACH, FL 32561

Title: PD ( ) Delete
Name: HARRIS, ROBERT K
Address: 955 FT. PICKENS RD
City-St-Zip: PENSACOLA BEACH, FL 32561

Title: D ( ) Delete
Name: SAWYER, LINDA
Address: 955 FT PICKENS RD
City-St-Zip: PENSACOLA BEACH, FL 32561

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: BROWNING, ROBERT
Address: 220 SABINE DR.
City-St-Zip: PENSACOLA BEACH, FL 32561

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

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

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

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: ROBERT O. BROWNING D 02/24/2009

Electronic Signature of Signing Officer or Director — Date