

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 734608

FILED
Mar 05, 2009
Secretary of State

Entity Name: SEASIDE BEACH HOUSE ASSOCIATION, INC.

Current Principal Place of Business:

102-68TH ST
HOLMES BEACH, FL 34217

New Principal Place of Business:

Current Mailing Address:

% JOSEPH V. BURKE & CO.,PA
214A- 54TH STREET
HOLMES BEACH, FL 34217

New Mailing Address:

214 - 54TH STREET
HOLMES BEACH, FL 34217

FEI Number: 59-1721790

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THOMPSON, STEPHEN W
1205 MANATEE AVENUE WEST
BRADENTON, FL 34205 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: VPD () Delete
Name: WOMBLE, JOSEPHINE
Address: 2746 BELLERIVE DR
City-St-Zip: LAKELAND, FL 33803

Title: PD () Delete
Name: SCHLUETER, STEPHEN
Address: 603 MILL RUN E
City-St-Zip: BRADENTON, FL 34212

Title: TD () Delete
Name: HUNTER, JAMES
Address: 611 WEST MARKET ST SUITE D
City-St-Zip: SILVERLAKE, OH 44224

Title: SD () Delete
Name: KINGSTAD, ARTHUR
Address: 102-68TH ST SUITE 202
City-St-Zip: HOLMES BEACH, FL 34217

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: STEPHEN SCHLUETER

PD

03/05/2009

Electronic Signature of Signing Officer or Director

Date