

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 749406

FILED  
Apr 27, 2009  
Secretary of State

Entity Name: SEA FERN CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

3807 S. ATLANTIC AVE.  
DAYTONA BEACH SHORES, FL 32127

**New Principal Place of Business:**

3807 S. ATLANTIC AVE.  
DAYTONA BEACH SHORES, FL 32118

**Current Mailing Address:**

3807 S. ATLANTIC AVE.  
DAYTONA BEACH SHORES, FL 32127

**New Mailing Address:**

FEI Number: 59-2086173      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FEEAR, VALERIE  
3807 S. ATLANTIC AVE.  
406  
DAYTONA BEACH, FL 32118 US

**Name and Address of New Registered Agent:**

FREAR, VALERIE  
3807 S. ATLANTIC AVE.  
404  
DAYTONA BEACH SHORES, FL 32118 US

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: VALERIE FREAR

04/27/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: VD ( ) Delete  
Name: MADDEN, DON  
Address: 1218 SALERNO CT.  
City-St-Zip: ORLANDO, FL 32806

Title: PD ( ) Delete  
Name: OAKLEY, ARJUNIA  
Address: 5007 AURORA DR.  
City-St-Zip: KENSINGTON, MD 20895

Title: D ( ) Delete  
Name: FUCHS, GARY  
Address: P.O. BOX 1299 THE VILLAGES  
City-St-Zip: LADY LAKE, FL 32158

Title: ST ( ) Delete  
Name: FREAR, VALERIE  
Address: 3807 S ATLANTIC AVE #404  
City-St-Zip: DAYTONA BEACH, FL 32118

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: PD (X) Change ( ) Addition  
Name: MADDEN, DENNIS  
Address: 4093 GILMAN AVE  
City-St-Zip: LOUISVILLE, KY 40207

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

Title: DST (X) Change ( ) Addition  
Name: FREAR, VALERIE  
Address: 3807 S ATLANTIC AVE #404  
City-St-Zip: DAYTONA BEACH, FL 32118

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: VALERIE FREAR

DST

04/27/2009

Electronic Signature of Signing Officer or Director

Date