

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 751292

FILED  
Jul 13, 2009  
Secretary of State

**Entity Name:** SEA PINES CONDOMINIUM NO. 1 ASSOCIATION, INC.

**Current Principal Place of Business:**

1835 NE 169TH STREET  
N. MIAMI BCH, FL 33162 US

**New Principal Place of Business:**

**Current Mailing Address:**

1835 N.E. 169 ST.  
N. MIAMI BEACH, FL 33162 US

**New Mailing Address:**

**FEI Number:** 65-0123156 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

MCMEANS, KENNETH  
1835 NE 169TH STREET  
N. MIAMI BCH, FL 33162 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: PD ( ) Delete  
Name: MCMEANS, KENNETH  
Address: 1835 N.E. 169TH ST.  
City-St-Zip: N. MIAMI BEACH, FL

Title: VD ( ) Delete  
Name: MCMEANS, KENNETH  
Address: 1835 N.E. 169 ST.  
City-St-Zip: MIAMI, FL 33162

Title: SD ( ) Delete  
Name: ALEXIS, MARIE  
Address: 1845 NE 169 STREET  
City-St-Zip: MIAMI, FL 33162

**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:

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: KENNETH MCMEANS

PRES

07/13/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date