2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2009
Secretary of State

DOCUMENT# 753620

Entity Name: SEA CLUB IV OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

3229 S ATLANTIC AVE
DAYTONA BCH SHORES, FL 321186256

New Principal Place of Business:

Current Mailing Address:

3229 S ATLANTIC AVE
DAYTONA BCH SHORES, FL 321186256

New Mailing Address:

FEI Number: 59-2158069 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

GOODWIN, MORRIS W
150 DUNDEE RD
DAYTONA BEACH SHORES, FL 32118 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: BACON, DONALD
Address: 1239 OCEANSHORE BLVD.
City-St-Zip: ORMOND BEACH, FL 32176

Title: SD ( ) Delete
Name: LESKO, JUNE
Address: 3229 S ATLANTIC AVE
City-St-Zip: DAYTONA BEACH SHORES, FL 32118

Title: VPD ( ) Delete
Name: MATHEWES, SHIRLEY
Address: 3229 S ATLANTIC AVE
City-St-Zip: DAYTONA BCH, FL

Title: PD ( ) Delete
Name: REILLY, WILLIAM J.
Address: 3229 S. ATLANTIC AVE
City-St-Zip: DAYTONA BEACH SHORES, FL 32118

Title: D ( ) Delete
Name: CREAMER, ROGER
Address: 1265 RIVIERA DR
City-St-Zip: GREEN COVE SPRINGS, FL 32043

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change ( ) Addition
Name: BACON, DONALD
Address: 301 E. DAME AVE
City-St-Zip: HOMERVILLE, GA 31634

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

Title: VPD (X) Change ( ) Addition
Name: MATHEWS, SHIRLEY
Address: 3229 S ATLANTIC AVE
City-St-Zip: DAYTONA BCH, FL

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: WILLIAM J. REILLY P 04/24/2009

Electronic Signature of Signing Officer or Director — Date