2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 755801

FILED Mar 31, 2009 Secretary of State

Entity Name: SEA TERN OF HUTCHINSON ISLAND CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: C/O ELLIOTT MERRILL COMMUNITY MANAGEMENT 835 20TH PLACE VERO BEACH, FL 32960 **New Mailing Address: Current Mailing Address:** C/O ELLIOTT MERRILL COMMUNITY MANAGEMENT 835 20TH PLACE VERO BEACH, FL 32960 US FEI Number: 59-2184466 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ROSS EARLE & BONAN P.A. 759 SOUTH FEDERAL HWY STUART, FL 34994 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition BRENNER, HOWARD BRENNER, HOWARD Name: Name: 1630 SEAWAY DR #307 Address: 1630 SEAWAY DR #307 Address: City-St-Zip: FORT PIERCE, FL 34949 City-St-Zip: FORT PIERCE, FL 34949 Title: Title: (X) Change () Addition () Delete BRENNER, HARRIET Name: MCILWAIN, HARRY Name: Address: 1603 SEAWAY DRIVE, 307 Address: 1630 SEAWAY DR #206 City-St-Zip: FT PIERCE, FL 34949 City-St-Zip: FT PIERCE, FL 34949 Title: () Delete Title: (X) Change () Addition HANSEN, ROBERT JAMES, TOM Name: Name: 1630 SEAWAY DR #106 1630 SEAWAY DR #106 Address: Address: City-St-Zip: FORT PIERCE, FL 34949 City-St-Zip: FT PIERCE, FL 34949 (X) Change () Addition Title: VΡ () Delete Title: NADEN, DEAN Name: Name: NADEN, DEAN 1630 SEAWAY DR., #306 Address: Address: 1630 SEAWAY DR., #306 City-St-Zip: FORT PIERCE, FL 34949 City-St-Zip: FORT PIERCE, FL 34949 Title: () Delete Title: () Change () Addition DELORES, TATE Name: Name: 1630 SEAWAY DR #107 Address: Address: City-St-Zip: FORT PIERCE, FL 34949 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: DEAN NADEN P 03/31/2009