2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#756368

FILED Feb 26, 2009 Secretary of State

Entity Name: S-G OWNERS ASSOCIATION OF ATLANTIC BEACH, FLORIDA, INC.

Current Principal Place of Business:				New Princ	New Principal Place of Business:		
2277 SEMI	INOLE RD						
F ATLANTIC	BEACH, FL	32233	US				
Current Mailing Address:				New Maili	New Mailing Address:		
2277 SEMI	•						
F	BEACH, FL 3	22223	US				
				EEI Number Net Appl	inchia () Cortificate of Status Decired ()		
	: 59-2052574		ımber Applied For()	FEI Number Not Appl			
Name and	Address of C	Current	Registered Agent:	Name and	Address of New Registered Agent:		
2277 SEM	.E, SCOTT INOLE RD #F BEACH, FL (32233	US				
	named entity : e of Florida.	submits	this statement for the p	urpose of changing i	ts registered office or registered agent, or both,		
SIGNATUF	RE:						
	Electror	nic Signa	ature of Registered Age	ent	Date		
OFFICERS AND DIRECTORS:				ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	P () HOOKS, JOHN 2277 SEMINOL ATLANTIC BEA	.E RD#D	2233	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	S () ANTZAKLIS, BE 2277 SEMINOL ATLANTIC BEA	E#N	2233	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	T () DOOLITTLE, S 2277 SEMINOL ATLANTIC BEA	.E RD #F	2233	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title:	V () UNDERWOOD) Delete , TONY		Title: Name: Address:	V (X) Change () Addition STONE, STEVE		
Name: Address: City-St-Zip:	2277 SEMINOL ATLANTIC BEA	E RD #L	2233	City-St-Zip:	2277 SEMINOLE RD #H ATLANTIC BEACH, FL 32233		

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: SCOTT DOOLITTLE T 02/26/2009