2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#756706

FILED Apr 14, 2009 Secretary of State

Entity Name: SEAPLACE AT ATLANTIC BEACH CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

11512 LAKE MEAD AVE STE 405

JACKSONVILLE, FL 32256 US

New Mailing Address: Current Mailing Address:

7643 GATE PKWY. STE 104 PMB 188

JACKSONVILLE, FL 32256 US

FEI Number: 59-2165578 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:

BALASKIEWICZ, KIM 11512 LAKE MEAD AVE STE 405 JACKSONVILLE, FL 32256 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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition JACKSON, PATRICIA Name: DEERY, JENNIFER Name:

901 OCEAN BLVD # 15 Address: 7643 GATE PKWY, SUITE 104 PMB 188 Address:

City-St-Zip: ATLANTIC BEACH, FL 32233 City-St-Zip: JACKSONVILLE, FL 32256

Title: () Delete Title: (X) Change () Addition RAUBE, EDWARD Name: DEERY, WILLIAM Name:

Address: 901 OCEAN BLVD. #79 Address: 7643 GATE PKWY, SUITE 104 PMB 188

City-St-Zip: ATLANTIC BCH., FL 32233 City-St-Zip: JACKSONVILLE, FL 32256

Title: () Delete Title: (X) Change () Addition

ROWE, RETHA MCGOWAN, MARK Name: Name: 901 OCEAN BLVD 8 7643 GATE PKWY, SUITE 104 PMB 188 Address: Address:

City-St-Zip: ATLANTIC BEACH, FL 32233\ City-St-Zip: JACKSONVILLE, FL 32256

Title: STD () Delete Title: D (X) Change () Addition Name: DEERY, JENNIFER Name: RAUBE, ED

7643 GATE PKWY, SUITE 104 PMB 188 Address: 901 OCEAN BLVD #14 Address:

JACKSONVILLE, FL 32256 City-St-Zip: ATLANTIC BEACH, FL 32233 City-St-Zip:

Title: () Delete Title: (X) Change () Addition

FENWICK, CHARLES MR KUZIA, CHESTER Name: Name: 2461 RIDGECREST AVE 7643 GATE PKWY, SUITE 104 PMB 188 Address: Address:

City-St-Zip: ORANGE PARK, FL 32065 City-St-Zip: JACKSONVILLE, FL 32256

Title: () Delete Title: (X) Change () Addition BYERLY, TOM JACKSON, PATRICIA Name: Name:

527 SOUTH ST

Address: Address: 7643 GATE PKWY, SUITE 104 PMB 188 NEPTUNE BEACH, FL 32266 JACKSONVILLE, FL 32256 City-St-Zip: 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: KIM BALASKIEWICZ MGR 04/14/2009

Electronic Signature of Signing Officer or Director

Date