

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 761751

FILED
Mar 24, 2009
Secretary of State

Entity Name: SEA BLUFF CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

10221 EMERALD COAST PKWY W
STE 23
MIRAMAR BEACH, FL 32550 US

New Principal Place of Business:

Current Mailing Address:

10221 EMERALD COAST PKWY W
STE 23
MIRAMAR BEACH, FL 32550 US

New Mailing Address:

FEI Number: 59-2355436

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GELDER, JAY
EMERALD COAST ASSOCIATION MANAGEMENT
10221 EMERALD COAST PKWY, WEST, S23
MIRAMAR BEACH, FL 32550 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: STD () Delete
Name: LARCHE, JIM
Address: 1500 FALLEN LEAF DR. SW
City-St-Zip: MARIETTA, GA 30064

Title: D () Delete
Name: MILLER, ALICE
Address: 171 INDIAN BAY DRIVE
City-St-Zip: FREEPORT, FL 32439

Title: VPD () Delete
Name: ANDERSON, BETTY
Address: 2381 W. CO. RD. 30A #8
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: D () Delete
Name: REASONOVER, JOE
Address: 5976 PORT ANADARKO TRAIL
City-St-Zip: HERMITAGE, TN 37076

Title: DP () Delete
Name: EDMONDSON, JACK
Address: 1430 FAIRVIEW ROAD
City-St-Zip: VILLANOVA, PA 19085

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:

Title: D (X) Change () Addition
Name: FINERAN, DARYL
Address: 1250 PINE RIDGE DRIVE
City-St-Zip: CLAYTON, GA 30417

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: JACK EDMUNDSON

DP

03/24/2009

Electronic Signature of Signing Officer or Director

Date