

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 763077

FILED
Apr 27, 2009
Secretary of State

Entity Name: SEA PALM VILLAS OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

752 SEA PALM LANE
SATELLITE BCH, FL 32937

New Principal Place of Business:

Current Mailing Address:

752 SEA PALM LANE
SATELLITE BCH, FL 32937

New Mailing Address:

FEI Number: 59-2228201 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARKER, TIMOTHY
746 SEA PALM COURT
SATELLITE BEACH, FL 32937 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: PD () Delete
Name: MURRAY, SCOTT
Address: 718 SEA PALM LANE
City-St-Zip: SATELLITE BEACH, FL 32937

Title: VPD () Delete
Name: BATES, CARL
Address: 724 SEA PALM LANE
City-St-Zip: SATELLITE BEACH, FL 32937

Title: DT () Delete
Name: BUCHHALTER, KATHLEEN
Address: 700 SEA PALM LANE
City-St-Zip: SATELLITE BEACH, FL 32937

Title: SD () Delete
Name: SAVIO, JOSEPH
Address: 2875 N HWY A1A
City-St-Zip: INDIALANTIC, FL 32903

Title: ASD () Delete
Name: COS, SALLY ANN
Address: 460 BAY POINT DR
City-St-Zip: MELBOURNE, FL 32935

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: () 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: SCOTT MURRAY

PD

04/27/2009

Electronic Signature of Signing Officer or Director

Date