2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2009
Secretary of State

DOCUMENT# 765433

Entity Name: SEASIDE BEACH CLUB CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

501 BRINY AVENUE
POMPANO BEACH, FL 33062

New Principal Place of Business:

Current Mailing Address:

501 BRINY AVENUE
POMPANO BEACH, FL 33062

New Mailing Address:

FEI Number: 59-2456389 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COREA, MICHAEL
501 BRINY AVE.
POMANO BCH.,, FL 33062 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: P ( ) Delete
Name: GANNON, WILLIAM
Address: 501 BRINY AVENUE
City-St-Zip: POMPANO BEACH, FL 33062

Title: VP ( ) Delete
Name: WEBBER, RALPH
Address: 501 BRINY AVENUE
City-St-Zip: POMPANO BEACH, FL 33062

Title: T ( ) Delete
Name: CARROLL, ROBERT
Address: 501 BRINY AVENUE
City-St-Zip: POMPANO BEACH, FL 33062

Title: S ( ) Delete
Name: HAMILTON, CATHY
Address: 501 BRINY AVENUE
City-St-Zip: POMPANO BEACH, FL 33062

Title: D ( ) Delete
Name: RYAN, JOSEPH
Address: 501 BRINY AVENUE
City-St-Zip: POMPANO BEACH, FL 33062

Title: V ( ) Delete
Name: THOMPSON, JOHN
Address: 4900 N OCEAN BLVD #1016
City-St-Zip: FORT LAUDERDALE, FL 33308

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:

Title: D (X) Change ( ) Addition
Name: DIGORGIO, THOMAS
Address: 501 BRINY AVE
City-St-Zip: POMPANO BEACH, FL 33062

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: MICHAEL T. COREA MNGR 04/08/2009

Electronic Signature of Signing Officer or Director — Date