

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 765618

FILED
Mar 12, 2009
Secretary of State

Entity Name: SEA WOODS CONDOMINIUM ASSOCIATION NO. 1, INC.

Current Principal Place of Business:

2180 W SR 434
SUITE 5000
LONGWOOD, FL 32779 US

New Principal Place of Business:

Current Mailing Address:

2180 W SR 434
SUITE 5000
LONGWOOD, FL 32779 US

New Mailing Address:

FEI Number: 59-2263618 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART, JAMES W JR
SENTRY MANAGEMENT INC
2180 WEST SR 434 SUITE 5000
LONGWOOD, FL 32779 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: LUPINSKI, GERALD
Address: 279 NEEDLES TRAIL
City-St-Zip: LONGWOOD, FL 32779

Title: D () Delete
Name: OLSON, PAUL
Address: 866 MARLOWE AVE
City-St-Zip: ORLANDO, FL 32809

Title: D () Delete
Name: DIEBLER, DOUGLAS
Address: 909 DARTMOUTH ST
City-St-Zip: ORLANDO, FL 32804

Title: TD () Delete
Name: RODRIGUEZ, ANDREW
Address: 4502 KATY DR
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: SD () Delete
Name: KOFFEMAN, JENNY
Address: 4401 SEA MIST DR #102
City-St-Zip: NEW SMYRNA BEACH, FL 32169

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change () Addition
Name: OLSON, PAUL
Address: 4403 SEA MIST DR #112
City-St-Zip: NEW SMYRNA BEACH, FL 32169

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: GERALD LUPINSKI

PD

03/12/2009

Electronic Signature of Signing Officer or Director

Date