2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2009
Secretary of State

DOCUMENT# 766978

Entity Name: SEA SHADOW HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

3563 LAGUNA CT
GULF BREEZE, FL 32563 US

New Principal Place of Business:

Current Mailing Address:

3571 LAGUNA CT.
GULF BREEZE, FL 32563 US

New Mailing Address:

FEI Number: 59-2821093 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ARNDTT, DAVID
3563 LAGUNA CT
GULF BREEZE, FL 32563 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: VP ( ) Delete
Name: SMITH, ROB
Address: 3555 LAGUNA CT
City-St-Zip: GULF BREEZE, FL 32563

Title: PD ( ) Delete
Name: ARNOTT, DAVID
Address: 2563 LAGUNA CT
City-St-Zip: GULF BREEZE, FL 32563

Title: TD ( ) Delete
Name: COOPER, ANITA
Address: 3571 LAGUNA CT.
City-St-Zip: GULF BREEZE, FL 32563

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:

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: ANITA COOPER TD 03/05/2009

Electronic Signature of Signing Officer or Director — Date