

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 766978

**FILED**  
**Feb 15, 2010**  
**Secretary of State**

**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:**

ARNOTT, DAVID  
3563 LAGUNA CT  
GULF BREEZE, FL 32563 US

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: DAVID ARNOTT

02/15/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: VP  
Name: SMITH, ROB  
Address: 3555 LAGUNA CT  
City-St-Zip: GULF BREEZE, FL 32563

Title: PD  
Name: ARNOTT, DAVID  
Address: 3563 LAGUNA CT  
City-St-Zip: GULF BREEZE, FL 32563

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

I hereby 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 all other like empowered.

SIGNATURE: ANITA COOPER

TD

02/15/2010

Electronic Signature of Signing Officer or Director

Date