2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2009
Secretary of State

DOCUMENT# 767677

Entity Name: SEAQUEST CONDOMINIUM ASSOCIATION OF JACKSONVILLEBEACH, INC.

Current Principal Place of Business:

753 ATLANTIC BLVD
SUITE 1
ATLANTIC BEACH, FL 32233

New Principal Place of Business:

Current Mailing Address:

PO BOX 330026
ATLANTIC BEACH, FL 32233

New Mailing Address:

FEI Number: 59-2466398 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MARVIN & FLOYD REALTY, INC
753 ATLANTIC BLVD
SUITE 1
ATLANTIC BEACH, FL 32233 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:	SLIWINSKI, DAVID	
Address:	1641 LINKSIDE DR N	
City-St-Zip:	ATLANTIC BEACH, FL 32233	
Title:	VPD	( ) Delete
Name:	PAPHIDES, SANDRA	
Address:	334 9TH STREET	
City-St-Zip:	ATLANTIC BEACH, FL 32233	
Title:	D	( ) Delete
Name:	PAPHIDES, SANDRA	
Address:	1701 N 1ST ST #B5	
City-St-Zip:	JACKSONVILLE, FL 32250	
Title:	D	( ) Delete
Name:	BURNETT, MICHAEL	
Address:	1701 N 1ST ST #A6	
City-St-Zip:	JACKSONVILLE BEACH, FL 32250	
Title:	D	(X) Delete
Name:	SAHS, DUANE	
Address:	1213 BAYER ROAD	
City-St-Zip:	NAPERVILLE, IL 60563	
Title:	STD	(X) Delete
Name:	GODWIN, MARY	
Address:	1980 TARA COURT	
City-St-Zip:	NEPTUNE BEACH, FL 32266	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	BIVINS, SUSAN	
Address:	1701 N. 1ST STREET, UNIT B-3	
City-St-Zip:	JACKSONVILLE BEACH, FL 32250	
Title:	STD	(X) Change ( ) Addition
Name:	GODWIN, MARY	
Address:	1980 TARA COURT	
City-St-Zip:	NEPTUNE BEACH, FL 32266	
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: KAREN FLOYD MGR 04/16/2009

Electronic Signature of Signing Officer or Director — Date