2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2009
Secretary of State

DOCUMENT# 767767

Entity Name: ENGLEWOOD SEACREST CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2710 N BCH RD
2
ENGLEWOOD, FL 34223

New Principal Place of Business:

Current Mailing Address:

2710 N BCH RD
2
ENGLEWOOD, FL 34223

New Mailing Address:

FEI Number: 59-2407846 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

LAW OFFICE OF BRENDON BRADLEY, P.A.
1460 S MCCALL ROAD, SUITE 4F
ENGLEWOOD, FL 34223 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: VPD ( ) Delete
Name: CARTER, FRED
Address: 2710 N. BEACH RD., #2
City-St-Zip: ENGLEWOOD, FL 34223

Title: PD ( ) Delete
Name: DALY, PAUL
Address: 2710 N BCH RD 3
City-St-Zip: SARASOTA, FL 34233

Title: T ( ) Delete
Name: CARTER, DOLORES
Address: 2710 N BCH RD 2
City-St-Zip: ENGLEWOOD, FL 34223

Title: S ( ) Delete
Name: SIMPSON, OLWYN
Address: 2710 N BCH RD 3
City-St-Zip: ENGLEWOOD, FL 34223

Title: D ( ) Delete
Name: MAGITTI, PATRICIA
Address: 2400 BALLY BUNION RD
City-St-Zip: CENTER VALLEY, PA 18034

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: PD (X) Change ( ) Addition
Name: MAGGITTI, PATRICIA
Address: 2400 BALLY BUNION RD
City-St-Zip: CENTER VALLEY, PA 18034

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

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

Title: D (X) Change ( ) Addition
Name: BONNY, BIDDLE
Address: 412 BELLE VIEW AVE
City-St-Zip: TEMPLE TERRACE, FL 33617

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: PATRICIA MAGGITTI P 01/14/2009

Electronic Signature of Signing Officer or Director — Date