2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 769548

FILED Mar 10, 2009 Secretary of State

Entity Name: SEASIDE OF VILANO CONDOMINIUM ASSN., INC.

Current Principal Place of Business: New Principal Place of Business: 2180 WEST SR 434 **SUITE 5000** LONGWOOD, FL 327795044 **New Mailing Address: Current Mailing Address:** 2180 WEST SR 434 SUITE 5000 LONGWOOD, FL 327795044 FEI Number: 59-2337279 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HART, JAMES W JR SENTRY MANAGEMENT INC 2180 WEST SR 434 SUITE 5000 LONGWOOD, FL 327795044 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition BRITT, BRENDA Name: Name: 3385 COASTAL HWY N #8 Address: Address: City-St-Zip: SAINT AUGUSTINE, FL 32084 City-St-Zip: Title: Title: SD (X) Change () Addition () Delete MOLINARO, PETE Name: OBRIEN, COLLEEN Name: Address: 3385 COASTAL HIGHWAY #26 Address: 3385 COASTAL HIGHWAY N #4 City-St-Zip: SAINT AUGUSTINE, FL 32084 City-St-Zip: SAINT AUGUSTINE, FL 32084 Title: **VPSD** () Delete Title: **VPD** (X) Change () Addition HAYMAN, CINDY HAYMAN, CINDY Name: Name: 22661 LABRUSCA MISSION Address: Address: 22661 LABRUSCA City-St-Zip: VIEJO, CA 92692 City-St-Zip: MISSION VIEJO, CA 92692 Title: () Delete Title: (X) Change () Addition Name: SPIRES, CHRISS Name: BITTNER, LISA 196 TURNBERRY CT S Address: 3385 COASTAL HWY N #1 Address: ST AUGUSTINE, FL 32084 City-St-Zip: City-St-Zip: LAKE WORTH, FL 33462 Title: () Delete Title: (X) Change () Addition SHOTTER, AL SLOTTER, AL Name: Name: 1124 MT PLEASANT RD 1124 MT PLEASANT RD Address: Address: City-St-Zip: GREENSBURG, PA 15601 City-St-Zip: GREENSBURG, PA 15601

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: BRENDA BRITT PD 03/10/2009