2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2009
Secretary of State

DOCUMENT# G32065

Entity Name: SEASIDE COMMUNITY DEVELOPMENT CORP.

Current Principal Place of Business:

COUNTY ROAD 30A
SANTA ROSA BEACH, FL 32459

New Principal Place of Business:

121 CENTRAL SQ
STE B
SANTA ROSA BEACH, FL 32459

Current Mailing Address:

COUNTY ROAD 30A
SANTA ROSA BEACH, FL 32459

New Mailing Address:

PO BOX 4730
SANTA ROSA BEACH, FL 32459

FEI Number: 59-2287873 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DAVIS, ROBERT S.
COUNTY ROAD 30A
SEASIDE, FL 32459 US

Name and Address of New Registered Agent:

DAVIS, ROBERT S.
121 CENTRAL SQ
STE B
SANTA ROSA BEACH, FL 32459 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: 04/14/2009
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PT ( ) Delete
Name: DAVIS, ROBERT S.
Address: 204 SEASIDE AVENUE
City-St-Zip: SEASIDE, FL

Title: S ( ) Delete
Name: DAVIS, DARYL R.
Address: 204 SEASIDE AVENUE
City-St-Zip: SEASIDE, FL

Title: VP ( ) Delete
Name: AVERA, PAM
Address: 204 SEASIDE AVENUE
City-St-Zip: SANTA ROSA BEACH, FL 32459

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT (X) Change ( ) Addition
Name: DAVIS, ROBERT S.
Address: 121 CENTRAL SQ, STE B
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: S (X) Change ( ) Addition
Name: DAVIS, DARYL R.
Address: 121 CENTRAL SQ, STE B
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: VP (X) Change ( ) Addition
Name: AVERA, PAM
Address: 121 CENTRAL SQ, STE B
City-St-Zip: SANTA ROSA BEACH, FL 32459

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT S. DAVIS PT 04/14/2009
Electronic Signature of Signing Officer or Director — Date