2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2009
Secretary of State

DOCUMENT# N00000004551

Entity Name: SEA VIEW VILLAS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

6015 MORROW ST E, SUITE 107
JACKSONVILLE, FL 32217

New Principal Place of Business:

Current Mailing Address:

6015 MORROW ST E, SUITE 107
JACKSONVILLE, FL 32217

New Mailing Address:

FEI Number: 59-1957418 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BANNING MANAGEMENT INC
6015 MORROW ST E, SUITE 107
JACKSONVILLE, FL 32217 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: LAWSON, CINDY
Address: 1023 N 16TH AVE
City-St-Zip: JACKSONVILLE, FL 32250

Title: VD ( ) Delete
Name: BONNETT, JEROME
Address: 1795 A 1ST ST S
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: STD ( ) Delete
Name: CLARK, MACK
Address: 1685 SELVA MARINA
City-St-Zip: ATLANTIC BEACH, FL 32233

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: STD (X) Change ( ) Addition
Name: SALA, SALLY
Address: 811 SOUTH FIRST STREET # 4
City-St-Zip: JACKSONVILLE BEACH, FL 32250

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: CINDY LAWSON PD 04/27/2009

Electronic Signature of Signing Officer or Director — Date