

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000068

FILED
Apr 03, 2009
Secretary of State

Entity Name: THE RETREAT AT SEABRANCH HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

8700 SE RETREAT DR
HOBE SOUND, FL 33455

New Principal Place of Business:

Current Mailing Address:

C/O CAPITAL REALTY ADVISORS INC
600 SANDTREE DR STE 109
PALM BEACH GARDENS, FL 33403

New Mailing Address:

FEI Number: 65-1065247 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

MCDONALD, DONNA
C/O CAPITAL REALTY ADVISORS INC
600 SANDTREE DR STE 109
PALM BEACH GARDENS, FL 33403 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: COLE, BILL
Address: 9021 SE LA CREEK CT
City-St-Zip: HOBE SOUND, FL 33455

Title: DR () Delete
Name: WILLIAMS, DAVID
Address: 9242 SE ELDORADO WAY
City-St-Zip: HOBE SOUND, FL 33455

Title: VP () Delete
Name: PEZZICOLA, PATRICK
Address: 9012 SE RETREAT DR
City-St-Zip: HOBE SOUND, FL 33455

Title: S () Delete
Name: GALIHER, JOHN
Address: 8925 SE RETREAT DR
City-St-Zip: HOBE SOUND, FL 33455

Title: D () Delete
Name: GREGORY, KEN
Address: 8871 SE ELDORADO WAY
City-St-Zip: HOBE SOUND, FL 33455

Title: T (X) Delete
Name: HEMMER, SUSAN
Address: 9274 SE HAWKS NEST CT
City-St-Zip: HOBE SOUND, FL 33455

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: S (X) Change () Addition
Name: MCGUINN, CONI
Address: 8981 SE ELDORADO WAY
City-St-Zip: HOBE SOUND, FL 33455

Title: T (X) Change () Addition
Name: HEMMER, SUSAN
Address: 9274 SE HAWKS NEST CT
City-St-Zip: HOBE SOUND, FL 33455

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: BILL COLE

PD

04/03/2009

Electronic Signature of Signing Officer or Director

Date