2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2010
Secretary of State

DOCUMENT# N01000000068

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
Name: COLE, BILL
Address: 9021 SE LA CREEK CT
City-St-Zip: HOBE SOUND, FL 33455

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: BILL COLE PD 03/23/2010

Electronic Signature of Signing Officer or Director — Date