2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000001193

FILED Mar 14, 2008 Secretary of State

Entity Name: SEA GATE WEST HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

3022 NINA COURT 174 PINTA CIRCLE

MERRITT ISLAND, FL 32953 MERRITT ISLAND, FL 32953

Current Mailing Address: New Mailing Address:

3022 NINA COURT 174 PINTA CIRCLE

MERRITT ISLAND, FL 32953 MERRITT ISLAND, FL 32953

FEI Number: 57-1148075 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:

DRUMMOND, BARTON W SCHEFFLER, BRUCE L 3022 NINA COURT 174 PINTA CIRCLE

MERRITT ISLAND, FL 32953 US MERRITT ISLAND, FL 32953 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: BRUCE L. SCHEFFLER 03/14/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: DP () Delete Title: DP (X) Change () Addition

 Name:
 DRUMMOND, BARTON
 Name:
 SCHEFFLER, BRUCE L

 Address:
 3022 NINA COURT
 Address:
 174 PINTA CIRCLE

 City-St-Zip:
 MERRITT ISLAND, FL 32953
 City-St-Zip:
 MERRITT ISLAND, FL 32953

City-St-Zip: MERRITT ISLAND, FL 32953 City-St-Zip: MERRITT ISLAND, FL 32953

Title: DV () Delete Title: DV (X) Change () Addition Name: SCHEFFLER, BRUCE L Name: HARGIS, JAMES F

Address: 174 PINTA CR Address: 2902 NINA CT

City-St-Zip: MERRITT ISLAND, FL 32953 City-St-Zip: MERRITT ISLAND, FL 32953

Title: () Delete Title: TREA () Change (X) Addition

 Name:
 Name:
 MCDUFFIE, TONYA O

 Address:
 Address:
 192 PINTA CIR

City-St-Zip: City-St-Zip: MERRITT ISLAND, FL 32953

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: BRUCE L. SCHEFFLER DP 03/14/2008