2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2007
Secretary of State

DOCUMENT# N01000007702

Entity Name: SEAMIST TOWNHOME ASSOCIATION INC.

Current Principal Place of Business:

655 HERNANDO ST.
FT PIERCE, FL 34949

New Principal Place of Business:

Current Mailing Address:

4290 SW 143 AVE
MIRAMAR, FL 33027

New Mailing Address:

FEI Number: 65-1147053 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SACKS, DEBORAH
4290 SW 143 AVE
MIRAMAR, FL 33027 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: D ( ) Delete
Name: SACKS, DEBORAH
Address: 4290 SW 143 AVE
City-St-Zip: MIRAMAR, FL 33027

Title: D ( ) Delete
Name: SACKS, ROBERT
Address: 4290 SW 143 AVE
City-St-Zip: MIRMAR, FL 33027

Title: D ( ) Delete
Name: ERIC, JOEL
Address: 653 HERNANDO ST.
City-St-Zip: FORT PIERCE, FL 34949

Title: D ( ) Delete
Name: ERIC, LORI
Address: 653 HERNANDO ST.
City-St-Zip: FORT PIERCE, FL 34949

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: ( ) 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: DEBORAH SACKS D 05/09/2007

Electronic Signature of Signing Officer or Director — Date