

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000002461

FILED
Mar 10, 2009
Secretary of State

Entity Name: SEA PINES PROPERTY OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

C/O MAY MGMT SERVICES, INC
5455 HWY A1A SOUTH
SAINT AUGUSTINE, FL 32080

New Principal Place of Business:

Current Mailing Address:

5455 A1A SOUTH
ST. AUGUSTINE, FL 32080

New Mailing Address:

FEI Number: 03-0432677

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAY MANAGEMENT SERVICES, INC.
5455 A1A SOUTH
SAINT AUGUSTINE, FL 32080 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: P () Delete
Name: KEIM, JOHN E
Address: 605 GREENWOOD CIRCLE
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: VP () Delete
Name: SNELLER, DAVID
Address: 508 PEBBLE BROOK DR
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: D () Delete
Name: ZIECHECK, ERIC
Address: 707 NW 20TH ST
City-St-Zip: GAINESVILLE, FL 32603

Title: D () Delete
Name: BELLAS, LEW
Address: 337 POINT PLEASANT DR
City-St-Zip: ST. AUGUSTINE, FL 32082

Title: D () Delete
Name: RITOCH, RAYMOND
Address: 1047 CEDAR COVE DR
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: T (X) Delete
Name: MATTHEWS, WILLIAM
Address: 751 NEEDLE GRASS DR
City-St-Zip: SAINT AUGUSTINE, FL 32086

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: S (X) Change () Addition
Name: ZIECHECK, ERIC
Address: 707 NW 20TH ST
City-St-Zip: GAINESVILLE, FL 32603

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

Title: T (X) Change () Addition
Name: MATTHEWS, WILLIAM
Address: 751 NEEDLE GRASS DRIVE
City-St-Zip: SAINT AUGUSTINE, FL 32086

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: JOHN E. KEIM

P

03/10/2009

Electronic Signature of Signing Officer or Director

Date