

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000003976

FILED
Feb 24, 2009
Secretary of State

Entity Name: THE VILLAS AT SEACREST BEACH OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

7 TOWN CENTER LOOP
C-16
SANTA ROSA BEACH, FL 32549

New Principal Place of Business:

11714 EMERALD COAST PKWY
MIRAMAR BEACH, FL 32550

Current Mailing Address:

P.O. BOX 611644
ROSEMARY BCH, FL 32413

New Mailing Address:

FEI Number: 04-3757160

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COASTAL PROPERTY ASSOCIATION MGMT
ZACH THOMAS
36132 EMERALD COAST PKWY
DESTIN, FL 32541 US

Name and Address of New Registered Agent:

COASTAL PROPERTY ASSOCIATION MGMT
ZACH JOHNSON
11714 EMERALD COAST PKWY
MIRAMAR BEACH, FL 32550 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: ZACH JOHNSON

02/24/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MATICH, JOHN
Address: 5 SEACREST BCH BLVD E UNIT B202
City-St-Zip: PANAMA CITY BEACH, FL 32413

Title: D () Delete
Name: MATICH, JOHN
Address: 5 SEACREST BEACH BLVD E UNIT B202
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: V () Delete
Name: GREEN, CONNIE
Address: 1165 RAFINGTON DR
City-St-Zip: LAWRENCEVILLE, GA 30045

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:

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 MATICH

P

02/24/2009

Electronic Signature of Signing Officer or Director

Date