

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005191

FILED  
Apr 06, 2009  
Secretary of State

Entity Name: SEACREST OF VILANO ASSOCIATION, INC.

## Current Principal Place of Business:

C/O MAY MGMT.  
5455 A1A S.  
SAINT AUGUSTINE, FL 32080

## New Principal Place of Business:

5455 A1A SOUTH  
SUITE 3  
SAINT AUGUSTINE, FL 32080

## Current Mailing Address:

C/O MAY MGMT.  
5455 A1A S.  
SAINT AUGUSTINE, FL 32080

## New Mailing Address:

5455 A1A SOUTH  
SUITE 3  
SAINT AUGUSTINE, FL 32080

FEI Number: 20-0842361

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

O'NEIL, CYNTHIA  
C/O MAY MANAGEMENT  
5455 US HWY A1A SOUTH  
SAINT AUGUSTINE, FL 32080 US

## Name and Address of New Registered Agent:

MAY MANAGEMENT SERVICES, INC.  
5455 A1A SOUTH  
SUITE 3  
SAINT AUGUSTINE, FL 32080 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: ANNA MARKS

04/06/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: MILLER, SCOTT  
Address: P.O. BOX 24121  
City-St-Zip: JACKSONVILLE, FL 32241

Title: VP ( ) Delete  
Name: BLACKMAN, ELEANOR  
Address: 3161 RIVER ROAD N  
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: ST ( ) Delete  
Name: CUTHRELL, ELEANOR  
Address: 111 POSEIDON LN  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: MILLER, SCOTT  
Address: 5455 A1A SOUTH, SUITE 3  
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: VP (X) Change ( ) Addition  
Name: BLACKMAN, ELEANOR  
Address: 5455 A1A SOUTH, SUITE 3  
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: ST (X) Change ( ) Addition  
Name: CUTHRELL, ELEANOR  
Address: 5455 A1A SOUTH, SUITE 3  
City-St-Zip: SAINT AUGUSTINE, FL 32080

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: SCOTT C. MILLER

P

04/06/2009

Electronic Signature of Signing Officer or Director

Date