2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006692

FILED Apr 30, 2008 Secretary of State

Entity Name: SEA FOREST BEACH CLUB HOMEOWNERS ASSOCIATION, INC.

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

3527 PALM HARBOR BLVD PALM HARBOR, FL 34683

Current Mailing Address: New Mailing Address:

P O BOX 1418 3527 PALM HARBOR BLVD. PALM HARBOR, FL 34682 PALM HARBOR, FL 34683

FEI Number: 61-1455367 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:

HANSON, JACK B MELROSE MANAGEMENT GROUP 3527 PALM HARBOR BLVD PALM HARBOR, FL 34682 US HANSON, JACK B MELROSE-SOVEREIGN COMPANIES 3527 PALM HARBOR BLVD PALM HARBOR, FL 34683 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: JACK B HANSON 04/30/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition

 Title:
 PD () Delete
 Title:
 D (X) O

 Name:
 JOHNSON, MARK
 Name:
 GROVES, KEITH

 Address:
 255 PINE AVENUE NORTH
 Address:
 255 PINE AVENUE

Address: 255 PINE AVENUE NORTH
City-St-Zip: OLDSMAR, FL 34677

Address: 255 PINE AVENUE NORTH
City-St-Zip: OLDSMAR, FL 34677

City-St-Zip: OLDSMAR, FL 34677

Title: VD () Delete Title: D (X) Change () Addition Name: FONTANA, JOSEPH M Name: FONTANA, JOSEPH

Address: 255 PINE AVENUE NORTH
City-St-Zip: OLDSMAR, FL 34677

Address: 255 PINE AVENUE NORTH
City-St-Zip: OLDSMAR, FL 34677

OLDSMAR, FL 34677

Name:SHARP, DONALDName:SHARP, DONALDAddress:255 PINE AVENUE NORTHAddress:255 PINE AVENUE NORTHCity-St-Zip:OLDSMAR, FL 34677City-St-Zip:OLDSMAR, FL 34677

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: JOSEPH FONTANA D 04/30/2008