2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006692

FILED Apr 21, 2009 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 2870 N SCHERER DRIVE

PALM HARBOR, FL 34683 100

ST PETERSBURG, FL 33617

Current Mailing Address: New Mailing Address:

3527 PALM HARBOR BLVD. 2870 N SCHERER DRIVE

PALM HARBOR, FL 34683

ST PETERSBURG, FL 33617

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 STERLING MANAGEMENT SERVICES MELROSE-SOVEREIGN COMPANIES 2870 N SCHERER DRIVE

3527 PALM HARBOR BLVD 100
PALM HARBOR, FL 34683 US ST PETERSBURG, FL 33617 US

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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: BARBARA H MATHEWS 04/21/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

le: D () Delete Title: DP (X) Change () Addition

 Name:
 GROVES, KEITH
 Name:
 HUFF, KEVIN D

 Address:
 255 PINE AVENUE NORTH
 Address:
 9426 CAMDEN FIELD PARKWAY

City-St-Zip: OLDSMAR, FL 34677 City-St-Zip: RIVERVIEW, FL 33588

Title: D () Delete Title: DVP (X) Change () Addition Name: FONTANA, JOSEPH Name: GIBBONS, BOB

Name: FONTANA, JOSEPH Name: GIBBONS, BOB
Address: 255 PINE AVENUE NORTH Address: 9426 CAMDEN FIELD PARKWAY

Address: 255 PINE AVENUE NORTH Address: 9426 CAMIDEN FIELD PARKWA:
City-St-Zip: OLDSMAR, FL 34677 City-St-Zip: RIVERVIEW, FL 33588

Title: D () Delete Title: D (X) Change () Addition

Name: SHARP, DONALD Name: SHARP, DONALD

Address: 255 PINE AVENUE NORTH Address: 9426 CAMDEN FIELD PARKWAY

City-St-Zip: OLDSMAR, FL 34677 City-St-Zip: RIVERVIEW, FL 33588

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: KEVIN D HUFF DP 04/21/2009