

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Nov 09, 2009
Secretary of State

DOCUMENT# N03000007394

Entity Name: SEA HAVEN PROPERTY OWNERS ASSOCIATION, INC.**Current Principal Place of Business:**125 N. CAICOS DRIVE
PORT ST JOE, FL 32456**New Principal Place of Business:**106 N. CAICOS DRIVE
PORT ST JOE, FL 32456**Current Mailing Address:**125 N. CAICOS DRIVE
PORT ST JOE, FL 32456**New Mailing Address:**106 N. CAICOS DRIVE
PORT ST JOE, FL 32456**FEI Number:** 20-0970768**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**COSTIN, CHARLES A
413 WILLIAMS AVE
PORT ST JOE, FL 32456 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:** V () Delete
Name: SHOAF, STEPHEN
Address: PO BOX 772
City-St-Zip: PORT ST JOE, FL 32457**Title:** ST () Delete
Name: SCOGGINS, CONI B
Address: 770 HWY 98
City-St-Zip: PORT SAINT JOE, FL 32456**Title:** () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** P (X) Change () Addition
Name: JONES, KATHE
Address: 106 N CAICOS DR
City-St-Zip: PORT ST JOE, FL 32456**Title:** V (X) Change () Addition
Name: CONKLING, SUSAN T
Address: 117 PENNY LN
City-St-Zip: PORT SAINT JOE, FL 32456**Title:** SC () Change (X) Addition
Name: CONKLING, RANDY
Address: 117 PENNY LN
City-St-Zip: PORT ST JOE, FL 32456

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: KATHE JONES

P

11/09/2009

Electronic Signature of Signing Officer or Director

Date