

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001032

FILED
Mar 03, 2009
Secretary of State

Entity Name: THE BUNGALOWS AT SEAGROVE BEACH HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

P.O. BOX 4946
SEASIDE, FL 32459

New Principal Place of Business:

148 SOMERSET BRIDGE RD
SEAGROVE BEACH, FL 32459

Current Mailing Address:

P.O. BOX 4946
SEASIDE, FL 32459

New Mailing Address:

FEI Number: 20-2703276

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEUZE, DAVID
59 CANAL ST
SANTA ROSA BEACH, FL 32459 US

Name and Address of New Registered Agent:

SOUTHERN ASSOCIATION MANAGEMENT
34894 EMERALD COAST PKWY
DESTIN, FL 32541 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: JEFF CRESSE

03/03/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HERBERT, JASON
Address: 209 SNAPPER DR
City-St-Zip: DESTIN, FL 32541

Title: DST () Delete
Name: EDWARDS, MICHELLE
Address: 131 OH S DR
City-St-Zip: CRESTVIEW, FL 32536

Title: DV () Delete
Name: SPEISS, ERNIE
Address: 236 S MILTON AVE
City-St-Zip: GLEN ELLYN, IL 60137

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BRADY, MARY
Address: 198 SOMERSET BRIDGE RD #107
City-St-Zip: SEAGROVE BEACH, FL 32459

Title: VP (X) Change () Addition
Name: HERBERT, JASON
Address: 209 SNAPPER DR
City-St-Zip: DESTIN, FL 32541

Title: S (X) Change () Addition
Name: WHITE, MELANIE
Address: 1114 CLARD AVE
City-St-Zip: TALLAHASSEE, FL 32301

Title: D () Change (X) Addition
Name: SCOTT, JOHN
Address: 1248 BARTON FIELDS DR
City-St-Zip: SEVIERVILLE, TN 31786

Title: D () Change (X) Addition
Name: SHOULTZ, RAY
Address: 323 SAND MYRTLE TRAIL
City-St-Zip: DESTIN, FL 32541

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: JEFF CRESSE

CAM

03/03/2009

Electronic Signature of Signing Officer or Director

Date