

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001205

FILED  
Jan 28, 2009  
Secretary of State

**Entity Name:** THE VILLAS AT SEAGROVE BEACH OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

4341 E CO. HWY 30-A  
SANTA ROSA BEACH, FL 32459

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 4905  
SANTA ROSA BEACH, FL 32459

**New Mailing Address:**

**FEI Number:** 20-0702349

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

COASTAL PROPERTIES ACCOCIATION MANGEMENT  
36132 EMERALD COAST PARKWAY  
DESTIN, FL 32541 US

**Name and Address of New Registered Agent:**

COASTAL PROPERTIES ACCOCIATION MANGEMENT  
11714 EMERALD COAST PARKWAY, STE. 105  
MIRAMAR BEACH, FL 32550 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: ZACH JOHNSON

01/28/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: COX, JOE  
Address: 776 RIDGEFIELD RD  
City-St-Zip: WILTON, CT 06897

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D ( ) Change (X) Addition  
Name: FOURIER, ARTHUR  
Address: 612 BOIS D'ARC LANE  
City-St-Zip: FRANKLIN, TN 37069

Title: D ( ) Change (X) Addition  
Name: MOJCIK, SUSAN  
Address: 2155 SPENCER'S WAY  
City-St-Zip: STONE MOUNTAIN, GA 30087

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: JOE COX

P

01/28/2009

Electronic Signature of Signing Officer or Director

Date