2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# N04000002196

Entity Name: SEANEST VILLAGE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

5311 E CO HWY 30A
STE 5
SANTA ROSA BEACH, FL 32459

New Principal Place of Business:

5311 E CO HWY 30A
STE 3
SANTA ROSA BEACH, FL 32459

Current Mailing Address:

5311 E COUNTY HWY 30-A
STE 5
SANTA ROSA BEACH, FL 324594703

New Mailing Address:

5311 E CO HWY 30A
STE 3
SANTA ROSA BEACH, FL 32459

FEI Number: 58-2402689 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ALDRICH, RUSSELL D
4636 GULFSTARR DRIVE
DESTIN, FL 32541 US

Name and Address of New Registered Agent:

PRITCHETT, WALTER R
5311 E CO HWT 30-A
STE 3
SANTA ROSA BEACH, FL 32459 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: WALTER R PRITCHETT 04/29/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PTD ( ) Delete
Name: RYAN, CHARLES S
Address: 2167 NORTH DRIVE
City-St-Zip: MEMPHIS, TN 38112

Title: VSD ( ) Delete
Name: ALDRICH, RUSSELL D
Address: 4636 GULFSTARR DRIVE
City-St-Zip: DESTIN, FL 32541

Title: D ( ) Delete
Name: ALDRICH, CINDY JO
Address: 4636 GULFSTARR DRIVE
City-St-Zip: DESTIN, FL 32541

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: WALTER R PRITCHETT R A 04/29/2009
Electronic Signature of Signing Officer or Director Date