

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000003804

FILED  
Feb 25, 2010  
Secretary of State

**Entity Name:** SEAGROVE NEIGHBORHOOD ASSOCIATION, INC.

**Current Principal Place of Business:**

3942 A1A SOUTH  
SAINT AUGUSTINE, FL 32080

**New Principal Place of Business:**

**Current Mailing Address:**

3942 A1A SOUTH  
SAINT AUGUSTINE, FL 32080

**New Mailing Address:**

**FEI Number:** 20-1788721

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

COASTAL REALTY & PROPERTY MANAGEMENT, INC  
3942 A1A S  
SAINT AUGUSTINE, FL 32080 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:** P  
**Name:** KLEISLER, BARBARA  
**Address:** 3942 A1A S  
**City-St-Zip:** ST AUGUSTINE, FL 32080

**Title:** V  
**Name:** PRESSNELL, LARRY  
**Address:** 3942 A1A S  
**City-St-Zip:** SAINT AUGUSTINE, FL 32080

**Title:** T  
**Name:** OWENS, JOHN  
**Address:** 3942 A1A S  
**City-St-Zip:** ST. AUGUSTINE, FL 32080

**Title:** S  
**Name:** FOX, MELISSA  
**Address:** 3942 A1A S  
**City-St-Zip:** SAINT AUGUSTINE, FL 32080

**Title:** DO  
**Name:** WARD, FRANK  
**Address:** 3942 A1A S  
**City-St-Zip:** ST. AUGUSTINE, FL 32080

I hereby 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 all other like empowered.

**SIGNATURE:** JUDY ALLIGOOD

AGEN

02/25/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date