2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000008843

Entity Name: SEACREST OWNER'S ASSOCIATION, INC.

FILED Apr 07, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2201 FOURTH STREET NORTH 4071 S. ATLANTIC AVENUE ST. PETERSBURG, FL 33704 NEW SMYRNA BEACH, FL 32169

Current Mailing Address: New Mailing Address:

2201 FOURTH STREET NORTH 4071 S. ATLANTIC AVENUE ST. PETERSBURG, FL 33704 NEW SMYRNA BEACH, FL 32169

FEI Number: 43-2077082 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

CHEEZEM, J. MICHAEL

2201 FOURTH STREET NORTH

SUITE 200

ST. PETERSBURG, FL 33704 US

SCHOETTLER, GWEN

4071 S. ATLANTIC AVENUE

NEW SMYRNA BEACH, FL 32169 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: GWEN SCHOETTLER 04/07/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition Name: COOPER, GAIL M Name: BIEWEND, ANDRE

Address: 2201 FOURTH STREET NORTH, SUITE 200 Address: 997 WEST KENNEDY BLVD A-25

City-St-Zip: ST. PETERSBURG, FL 33704 City-St-Zip: ORLANDO, FL 32810

Title: VSD () Delete Title: VD (X) Change () Addition Name: BEAUMONT, SANDRA D Name: WARDLAW, JERRY

Address: 2201 FOURTH STREET NORTH, SUITE 200 Address: 1102 MOHAWK STREET A-2
City-St-Zip: ST. PETERSBURG, FL 33704 City-St-Zip: SAVANNAH, GA 31419

 $\label{eq:title:D} {\sf Title:} \qquad {\sf D} \qquad (\) \, {\sf Delete} \qquad \qquad {\sf Title:} \qquad {\sf STD} \qquad ({\sf X}) \, {\sf Change} \, (\) \, {\sf Addition}$

Name: BLEWEND, ANDRE Name: GRAY, JAMES

Address: 4071 S. ATLANTIC AVE Address: 1201 BARTON CREEK BLVD

City-St-Zip: NEW SMYRNA BEACH, FL 32169 City-St-Zip: AUSTIN, TX 78735

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: JAMES GRAY STD 04/07/2009