

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000009942

FILED
Mar 19, 2008
Secretary of State

Entity Name: SEATOWN AT SUMMER BREEZE HOMEOWNERS ASSOC, INC

Current Principal Place of Business:

MR. DOUGLAS PATTERSON
116 ISLAND COVE COURT
PANAMA CITY BEACH, FL 32413

New Principal Place of Business:

Current Mailing Address:

DOUGLAS PATTERSON
116 ISLAND COVE COURT
PANAMA CITY BEACH, FL 32413

New Mailing Address:

FEI Number: 90-0191137

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PATTERSON, DOUGLAS C MR
113 ISLAND COVE COURT
PANAMA CITY BEACH, FL 32413 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 () Delete
Name: PATTERSON, DOUGLAS C
Address: PO BOX 7384
City-St-Zip: PANAMA CITY BEACH, FL 32413

Title: VP () Delete
Name: MUNYON, LYNN
Address: 1758 LAGRANGE ROAD
City-St-Zip: FREEPORT, FL 32439

Title: T () Delete
Name: BROSS, MARY
Address: 116 ISLAND COVE CT
City-St-Zip: PANAMA CITY BEACH, FL 32413

Title: S () Delete
Name: HARDESTY, STACIE
Address: 5570 ODUM SMALLWOOD ROAD
City-St-Zip: GAINSVILLE, GA 30506

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:

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: DOUGLAS C. PATTERSON

PRES

03/19/2008

Electronic Signature of Signing Officer or Director

Date