

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04889

FILED
Apr 19, 2009
Secretary of State

Entity Name: SEAGULL MOORINGS PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

3155 S. MCCALL ROAD
A-C
ENGLEWOOD, FL 34224 US

New Principal Place of Business:

5098 SEAGRASS DR
VENICE, FL 34293 US

Current Mailing Address:

P.O. BOX 5334
ENGLEWOOD, FL 34224 US

New Mailing Address:

FEI Number: 59-2646036 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

GRANICZ, ROBERT T.
3155 S. MCCALL RD.
A-C
ENGLEWOOD, FL 34224 US

Name and Address of New Registered Agent:

GRANICZ, ROBERT T.
5098 SEAGRASS DRIVE
VENICE, FL 34293 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: _____

04/19/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GRANICZ, ROBERT
Address: 3155 S. MCCALL ROAD
City-St-Zip: ENGLEWOOD, FL 34224

Title: PD () Delete
Name: MEYERINCK, DOUG
Address: PO BOX 5334
City-St-Zip: ENGLEWOOD, FL 34224

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: GRANICZ, ROBERT
Address: PO BOX 5334
City-St-Zip: ENGLEWOOD, FL 34224

Title: DP (X) Change () Addition
Name: MEYERINCK, DOUG
Address: PO BOX 5334
City-St-Zip: ENGLEWOOD, FL 34224

Title: DVP () Change (X) Addition
Name: LUCIANO, RANDY
Address: PO BOX 5334
City-St-Zip: ENGLEWOOD, FL 34224

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: R GRANICZ

D

04/19/2009

Electronic Signature of Signing Officer or Director

Date