

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000003557

FILED
Mar 24, 2009
Secretary of State

Entity Name: SEASIDE RETAIL OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

3835 SEASIDE DRIVE
KEY WEST, FL 33040

New Principal Place of Business:

Current Mailing Address:

P O BOX 1326
KEY WEST, FL 33041

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HUGHES, ERICA
500 FLEMING STREET
KEY WEST, FL 33040 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: BERQUIST, STACEY
Address: 3835 SEASIDE DRIVE
City-St-Zip: KEY WEST, FL 33040 US

Title: VP () Delete
Name: SUNKEL, STEPHEN C
Address: P.O. BOX 1326
City-St-Zip: KEY WEST, FL 33041

Title: S () Delete
Name: WALTERS, CHARLES D
Address: P.O. BOX 2669
City-St-Zip: KEY WEST, FL 33045

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: STEPHEN C. SUNKEL

VP

03/24/2009

Electronic Signature of Signing Officer or Director

Date