

**2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**May 11, 2009**  
**Secretary of State**

DOCUMENT# N05000004486

**Entity Name:** SEASTONE TOWNHOMES HOA, INC.**Current Principal Place of Business:**306 ALCAZAR AVENUE  
SUITE 303  
CORAL GABLES, FL 33134**New Principal Place of Business:**18200 SW 108 PATH  
MIAMI, FL 33157**Current Mailing Address:**306 ALCAZAR AVENUE  
SUITE 303  
CORAL GABLES, FL 33134**New Mailing Address:**PO BOX 653637  
MIAMI, FL 33265**FEI Number:** 56-2624588**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**SIMAN, MAURICIO J  
306 ALCAZAR AVE.  
303  
CORAL GABLES, FL 33134 US**Name and Address of New Registered Agent:**PEREZ-SIAM, FRANK  
7001 SW 87 CT  
MIAMI, FL 33173 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: FRANK PEREZ-SIAM

05/11/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:****Title:** PD ( ) Delete  
**Name:** FORERO, HENRY  
**Address:** 306 ALCAZAR AVENUE, SUITE 303  
**City-St-Zip:** CORAL GABLES, FL 33134**Title:** VD ( ) Delete  
**Name:** SIMAN, MAURICIO J  
**Address:** 306 ALCAZAR AVENUE, SUITE 303  
**City-St-Zip:** CORAL GABLES, FL 33134**Title:** STD ( ) Delete  
**Name:** RODRIGUEZ, MARTIN  
**Address:** 306 ALCAZAR AVENUE, SUITE 303  
**City-St-Zip:** CORAL GABLES, FL 33134**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** D (X) Change ( ) Addition  
**Name:** FORERO, HENRY  
**Address:** 306 ALCAZAR AVENUE, SUITE 303  
**City-St-Zip:** CORAL GABLES, FL 33134**Title:** PD (X) Change ( ) Addition  
**Name:** SEPULVEDA, ROBERT  
**Address:** PO BOX 653637  
**City-St-Zip:** MIAMI, FL 33265**Title:** STD (X) Change ( ) Addition  
**Name:** PATRON, JULIO  
**Address:** PO BOX 653637  
**City-St-Zip:** MIAMI, FL 33265

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: ROBERT SEPULVEDA

PD

05/11/2009

Electronic Signature of Signing Officer or Director

Date