

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000006559

FILED
Apr 13, 2009
Secretary of State

Entity Name: SEA WATCH CONDOMINIUM ASSOCIATION OF PERDIDO KEY, INC.

Current Principal Place of Business:

16605PERDIDO KEY DRIVE
PENSACOLA, FL 32507

New Principal Place of Business:

16605 PERDIDO KEY DRIVE
PENSACOLA, FL 32507

Current Mailing Address:

13880 PERDIDO KEY DRIVE
PENSACOLA, FL 32507

New Mailing Address:

FEI Number: 20-3144554 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

BEUMER, BRENDA
13880 PERDIDO KEY DRIVE
PENSACOLA, FL 32507 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: BAUCOM, MITCHEL
Address: 16605 PERDIDO KEY DR. 7E
City-St-Zip: PENSACOLA, FL 32507

Title: VP () Delete
Name: JOHNSON, MARK
Address: 316 LONG COURT
City-St-Zip: MOBILE, AL 36608

Title: T () Delete
Name: BAUCOM, MITCHEL
Address: 16605 PERDIDO KEY DRIVE, 7E
City-St-Zip: PENSACOLA, FL 32507

Title: S () Delete
Name: WOMBLE, WENDY
Address: 18 SAUVOLLE COURT
City-St-Zip: OCEAN SPRINGS, MS 39563

Title: B () Delete
Name: KILPATRICK, BOBBY
Address: 1557GULF SHORES PARKWAY
City-St-Zip: GULF SHORES, AL 36542

Title: B (X) Delete
Name: POWELL, KRISTINE
Address: 235 LOGUE ROAD
City-St-Zip: MT. JULIET, TN 37122

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/T (X) Change () Addition
Name: BAUCOM, MITCHEL
Address: 16605 PERDIDO KEY DR. 7E
City-St-Zip: PENSACOLA, FL 32507

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: WOMBLE, WENDY
Address: 18 SAUVOLLE COURT
City-St-Zip: OCEAN SPRINGS, MS 39564

Title: B (X) Change () Addition
Name: POWELL, KRISTINE
Address: 235 LOGUE ROAD
City-St-Zip: MT JULIET, TN 37122

Title: B (X) Change () Addition
Name: KILPATRICK, BOBBY
Address: 1557 GULF SHORES PARKWAY
City-St-Zip: GULF SHORES, AL 36542

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: CHERIE J. DEAN

MGR

04/13/2009

Electronic Signature of Signing Officer or Director

Date