

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000000357

FILED
Jul 18, 2008
Secretary of State

Entity Name: SEASIDE VILLAS OF ANASTASIA ISLAND CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

30 CLIPPER COURT
ST. AUGUSTINE, FL 32080

New Principal Place of Business:

12707 HIGH BLUFF DR
300
SAN DIEGO, CA 92130

Current Mailing Address:

30 CLIPPER COURT
ST. AUGUSTINE, FL 32080

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

JOHNSON, LINDA
2040 WELLS ROAD
ORANGE PARK, FL 32073 US

Name and Address of New Registered Agent:

LEUNG, BASIL
2466 OAK MILL DR
KISSIMMEE, FL 34744 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: BASIL LEUNG

07/18/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LEBED, FRED
Address: 101 BURR RIDGE PARKWAY, SUITE 306
City-St-Zip: BURR RIDGE, IL 60527

Title: VD () Delete
Name: KEHOSKIE, MARK
Address: 101 BURR RIDGE PARKWAY, SUITE 306
City-St-Zip: BURR RIDGE, IL 60527

Title: STD () Delete
Name: RANGARAJAN, ARJUN
Address: 101 BURR RIDGE PARKWAY, SUITE 306
City-St-Zip: BURR RIDGE, IL 60527

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: HOFFMAN, WILLIAM RCVR
Address: 12707 HIGH BLUFF DR STE 300
City-St-Zip: SAN DIEGO, CA 92130

Title: VD (X) Change () Addition
Name: GIARDINA, MARTY
Address: 12707 HIGH BLUFF DR STE 300
City-St-Zip: SAN DIEGO, CA 92130

Title: STD (X) Change () Addition
Name: CODY, KIM
Address: 12707 HIGH BLUFF DR STE 300
City-St-Zip: SAN DIEGO, CA 92130

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: WILLIAM J HOFFMAN

PD

07/18/2008

Electronic Signature of Signing Officer or Director

Date