

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000001266

FILED
May 07, 2009
Secretary of State

Entity Name: SEAGLADES ASSOCIATION, INC.

Current Principal Place of Business:

11320 SEAGLADES DR
PENSACOLA, FL 32507

New Principal Place of Business:

Current Mailing Address:

11320 SEAGLADES DR
PENSACOLA, FL 32507

New Mailing Address:

FEI Number: 07-1148552 FEI Number Applied For () 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:

Name and Address of New Registered Agent:

GUTTMANN, MICHAEL L
314 S BAYLEN ST
STE 201
PENSACOLA, FL 32502 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MCLENDON, WILLIAM
Address: 11320 SEAGLADES DR
City-St-Zip: PENSACOLA, FL 32507

Title: VP () Delete
Name: FORBES, CHERYL
Address: 11402 SEAGLADES DR
City-St-Zip: PENSACOLA, FL 32507

Title: S () Delete
Name: GUTTMANN, MICHAEL
Address: 11315 SEAGLADES DR
City-St-Zip: PENSACOLA, FL 32507

Title: T () Delete
Name: KEANEY, JOANN
Address: 11313 SEAGLADES DR
City-St-Zip: PENSACOLA, FL 32507

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:

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: MICHAEL L. GUTTMANN

S

05/07/2009

Electronic Signature of Signing Officer or Director

Date