

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07048

FILED
Feb 26, 2009
Secretary of State

Entity Name: THE SEACREST MANOR CONDOMINIUM ASSOCIATION INC.

Current Principal Place of Business:

400 N. FLAGLER AVENUE
FLAGLER BEACH, FL 32136

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 525
FLAGLER BEACH, FL 32136

New Mailing Address:

FEI Number: 59-2511173

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LUKE, JANET E
400 N. FLAGLER AVENUE
FLAGLER BEACH, FL 32136 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: BLANCHETTE, ALBERT
Address: 400 N. FLAGLER AVENUE, #6
City-St-Zip: FLAGLER BEACH, FL 32136

Title: VP () Delete
Name: HAUSFELD, ROBERT
Address: 400 N. FLAGLER AVENUE, #4
City-St-Zip: FLAGLER BEACH, FL 32136

Title: D () Delete
Name: LUKE, KENNETH
Address: 50 BANNER LANE
City-St-Zip: PALM COAST, FL 32137

Title: D () Delete
Name: YOUNG, TERESA
Address: 2475 HOPEWELL ROAD
City-St-Zip: ALPHARETTA, GA 30004

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: D (X) Change () Addition
Name: SBERTOLI, JEAN
Address: 150 PALMETTO AVE.
City-St-Zip: FLAGLER BEACH, FL 32136

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: KENNETH E. LUKE

D

02/26/2009

Electronic Signature of Signing Officer or Director

Date