2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2009
Secretary of State

DOCUMENT# N07733

Entity Name: SEA MATANZAS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

8850 A1A SOUTH
4
ST. AUGUSTINE, FL 32086 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 51351
JACKSONVILLE BEACH, FL 322401351 US

New Mailing Address:

FEI Number: 59-2712397 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SIMPSON, KURT A.
3500 SOUTH THIRD STREET
JACKSONVILLE BEACH, FL 32250 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:	VD	( ) Delete
Name:	PAINTER, HOWARD	
Address:	3831 RIVER HOLLOW CT	
City-St-Zip:	OVIEDO, FL 32765	
Title:	VD	( ) Delete
Name:	SCHMIDT, IRA	
Address:	8850 A1A SOUTH #1	
City-St-Zip:	SAINT AUGUSTINE, FL 32080	
Title:	TD	( ) Delete
Name:	SWINDELL, JAMES R	
Address:	3560 SOUTH THIRD ST	
City-St-Zip:	JACKSONVILLE BEACH, FL 32250	
Title:	PD	( ) Delete
Name:	STRINGFELLOW, RICHARD	
Address:	6910 W UNIV AVE STE 1	
City-St-Zip:	GAINESVILLE, FL 32607	

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: JAMES R. SWINDELL D/T 01/06/2009
Electronic Signature of Signing Officer or Director — Date