2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000010400

FILED Jan 20, 2009 Secretary of State

Entity Name: THE SEAGATE RESIDENCES CONDOMINIUM ASSOCIATION, INC.

,				,		
Current P	rincipal Plac	e of Business:	New Prin	New Principal Place of Business:		
601 NORT	SEAGATE, IN TH CONGRES BEACH, FL 33	SS AVE SUITE 114	601 NORT	C/O HHC SEAGATE, INC. 601 NORTH CONGRESS AVE SUITE 114 DELRAY BEACH, FL 14625		
Current M	ailing Addre	ss:	New Mail	New Mailing Address:		
C/O HHC SEAGATE, INC. 601 NORTH CONGRESS AVE SUITE 114 DELRAY BEACH, FL 33445			601 NORT	400 LINDEN OAKS DR. 601 NORTH CONGRESS AVE SUITE 114 ROCHESTER, FL 14625		
FEI Number:	26-3713029	FEI Number Applied For ()	FEI Number Not App	olicable ()	Certificate of Status Desired ()	
Name and	Address of	Current Registered Agent:	Name and	d Address o	f New Registered Agent:	
C/O THOM 901 GEOR	LEGAL GROU MAS F. CARN RGE BUSH BL BEACH, FL 33	EY JR., ESQ. .VD	400 LINDE 901 GEOF	CARNEY LEGAL GROUP, P.A. 400 LINDEN OAKS DR. 901 GEORGE BUSH BLVD ROCHESTER, FL 14625 US		
	named entity e of Florida.	submits this statement for the	purpose of changing	its registered	d office or registered agent, or both,	
SIGNATURE:					01/20/2009	
Electronic Signature of Registered Agent			gent		Date	
OFFICERS AND DIRECTORS:			ADDITIO	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR		
Title: Name: Address: City-St-Zip:	WILSON, E. À	ONGRESS AVE SUITE 114	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	BLANK, THOM	ONGRESS AVE SUITE 114	Title: Name: Address: City-St-Zip:	BLANK, THO 400 LINDEN		
Title: Name: Address: City-St-Zip:	GRAUE, GARE	ONGRESS AVE SUITE 114	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address:	() Delete	Title: Name: Address:	CFO PEEK, RALF 400 LINDEN		

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: RALPH L. PEEK CFO 01/20/2009