

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08031

FILED
Mar 31, 2009
Secretary of State

Entity Name: SEAGROVE WEST HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

835 20TH PL
VERO BEACH, FL 32960

New Principal Place of Business:

Current Mailing Address:

835 20TH PL
VERO BEACH, FL 32960

New Mailing Address:

FEI Number: 54-1452871

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCKINNON, CHARLES W
3055 CARDINAL DRIVE
302
VERO BEACH, FL 32963 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: TD () Delete
Name: EICHORN, PETER
Address: 370 RIVERWAY CT.
City-St-Zip: VERO BEACH, FL 32963

Title: SD () Delete
Name: PIPPERT, RICHARD
Address: 125 RIVERWAY DR.
City-St-Zip: VERO BEACH, FL 32963

Title: D () Delete
Name: REEVES, RITA
Address: 210 RIVERWAY DRIVE
City-St-Zip: VERO BCH, FL

Title: PD () Delete
Name: WHITE, ROBERT
Address: 230 OSPREY CT
City-St-Zip: VERO BCH, FL

Title: VD () Delete
Name: KALISH, BETH
Address: 205 RIVERWAY DRIVE
City-St-Zip: VERO BEACH, FL 32963

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change () Addition
Name: EICHORN, PETER
Address: 370 RIVERWAY CT.
City-St-Zip: VERO BEACH, FL 32963

Title: S (X) Change () Addition
Name: PIPPERT, RICHARD
Address: 125 RIVERWAY DR.
City-St-Zip: VERO BEACH, FL 32963

Title: VP (X) Change () Addition
Name: REEVES, RITA
Address: 210 RIVERWAY DRIVE
City-St-Zip: VERO BCH, FL

Title: P (X) Change () Addition
Name: WHITE, ROBERT
Address: 230 OSPREY CT
City-St-Zip: VERO BCH, FL

Title: VP (X) Change () Addition
Name: KALISH, BETH
Address: 205 RIVERWAY DRIVE
City-St-Zip: VERO BEACH, FL 32963

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: ROBERT WHITE

P

03/31/2009

Electronic Signature of Signing Officer or Director

Date