

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09526

FILED
Apr 27, 2009
Secretary of State

Entity Name: ONE SEAGROVE PLACE OWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

4100 E SCENIC HWY 30-A
SANTA ROSA BEACH, FL 32459 US

New Principal Place of Business:

Current Mailing Address:

4100 E SCENIC HWY 30-A
SANTA ROSA BEACH, FL 32459 US

New Mailing Address:

FEI Number: 59-2524325

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NEWMANN, RAYMOND F JR
348 MIRACLE STRIP PARKWAY SW
SUITE 7
FORT WALTON BEACH, FL 32548 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/D () Delete
Name: POOR, MARY
Address: 2022 TRIMLESTON ROAD
City-St-Zip: STATHAM, GA 30666

Title: VP/D () Delete
Name: KAUFMAN, MIKE
Address: 2685 JAMERSON ROAD
City-St-Zip: MARIETTA, GA 30066

Title: T/D () Delete
Name: ROYER, ROBERT JR.
Address: 9702 STONE RIVER CIRCLE
City-St-Zip: DALLAS, TX 75231

Title: D () Delete
Name: WALKER, JIM
Address: 5050 THOROUGHBREED LANE
City-St-Zip: BRENTWOOD, TN 37027

Title: S/D () Delete
Name: LEAMON, TOBY
Address: 185 VENETIAN WAY
City-St-Zip: BIRMINGHAM, AL 35209

Title: M () Delete
Name: TOMMAS, MARY J
Address: 4100 E SCENIC HWY 30-A
City-St-Zip: SANTA ROSA BEACH, FL 32459

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP/D (X) Change () Addition
Name: HOOD, GLORIA
Address: 2318 ENGLISH VILLAGE LANE
City-St-Zip: BIRMINGHAM, AL 35223

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: WILKINSON, NITA
Address: 88 COUNTRY CLUB ROAD
City-St-Zip: SHALIMAR, FL 32579

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: MARY JO TOMMAS

M

04/27/2009

Electronic Signature of Signing Officer or Director

Date