2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2008
Secretary of State

DOCUMENT# N09715

Entity Name: THE VILLAGES OF SEAPORT CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

8850 NORTH ATLANTIC AVENUE
CAPE CANAVERAL, FL 32920

New Principal Place of Business:

Current Mailing Address:

120 N. SEAPORT BLVD.
CAPE CANAVERAL, FL 32920

New Mailing Address:

FEI Number: 59-2761372 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KLEMM, RUSSELL E
1065 MAITLAND CENTER COMMONS BLVD.
MAITLAND, FL 32751 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: PD ( ) Delete
Name: OLIVE, JOHN
Address: 218 SEAPORT BLVD
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: VPD ( ) Delete
Name: DUDECK, DICK
Address: 428 N SEAPORT BLVD
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: SEC ( ) Delete
Name: EDWARDS, THOMAS
Address: 600 N. SEAPORT BLVD
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: TREA ( ) Delete
Name: WALSH, BETTY
Address: 140 N SEAPORT BLVD
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: D ( ) Delete
Name: JONES, WM D CORKY
Address: 225 SEAPORT BLVD
City-St-Zip: CAPE CANAVERAL, FL 32920

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VPD (X) Change ( ) Addition
Name: EDWARDS, THOMAS
Address: 600 N SEAPORT BLVD
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: SEC (X) Change ( ) Addition
Name: OLWELL, EDWARD
Address: 235 SEAPORT BLVD
City-St-Zip: CAPE CANAVERAL, FL 32920

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: JOHN OLIVE PD 02/17/2008

Electronic Signature of Signing Officer or Director — Date