

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10031

FILED
Mar 10, 2009
Secretary of State

Entity Name: SEA PLACE I CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

5455 A1A SOUTH
SAINT AUGUSTINE, FL 32080

New Principal Place of Business:

Current Mailing Address:

5455 A1A SOUTH
SAINT AUGUSTINE, FL 32080

New Mailing Address:

FEI Number: 59-2893678

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAY MANAGEMENT SERVICES
5455 A1A SOUTH
ST AUGUSTINE, FL 32080 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: T () Delete
Name: WILKENS, JOHN W
Address: 1958 HIBARNIE CT
City-St-Zip: JACKSONVILLE, FL 32223

Title: P () Delete
Name: DIAMANTIS, JAMES L
Address: 152 SOUTHERLY LN
City-St-Zip: ORANGE PARK, FL 32003

Title: VP () Delete
Name: WOOSLEY, CARYL
Address: 403 ABINGTON PLACE
City-St-Zip: JACKSONVILLE, FL 32225

Title: D () Delete
Name: KHUS, HERBERT
Address: 527 NEW HEMPSTEAD RD
City-St-Zip: SPRING VALLEY, NY 10977

Title: D () Delete
Name: JOHNSON, BERA
Address: 3842 MARINA PLACE
City-St-Zip: JACKSONVILLE, FL 32223

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SILVERMAN, JOE
Address: 5455 A1A SOUTH
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: VP (X) Change () Addition
Name: JOHNSON, LYNNE
Address: 5455 A1A SOUTH
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: ST (X) Change () Addition
Name: WILKENS, ALICE
Address: 5455 A1A SOUTH
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: D (X) Change () Addition
Name: KLAUS, HERBERT
Address: 5455 A1A SOUTH
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: D (X) Change () Addition
Name: WOOSLEY, CARYL
Address: 5455 A1A SOUTH
City-St-Zip: ST. AUGUSTINE, FL 32080

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: JOE SILVERMAN

P

03/10/2009

Electronic Signature of Signing Officer or Director

Date