

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10520

FILED
Jan 23, 2009
Secretary of State

Entity Name: SEA HAVENS HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

FLORIDA SHORES BLVD
DAYTONA BEACH SHORES, FL 32118 US

New Principal Place of Business:

100 THRU 290 FLORIDA SHORES BLVD
DAYTONA BEACH SHORES, FL 32118 US

Current Mailing Address:

C/O VCM
P.O BOX 730663
ORMOND BEACH, FL 321730663 US

New Mailing Address:

FEI Number: 59-2660554 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RANSBOTTOM, LUELLEN
991 OLD MILL RUN
ORMOND BEACH, FL 32174 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: KRAFT, JUNE
Address: 158 FL SHORES BLVD
City-St-Zip: DAYTONA BEACH, FL 32118

Title: SD () Delete
Name: NATALE, ROSEMARLE
Address: 126 FLORIDA SHORES BLVD
City-St-Zip: DAYTONA BEACH, FL 32118

Title: PD () Delete
Name: HOFFMAN, MARVIN
Address: 108 FLORIDA SHORES BLVD.
City-St-Zip: DAYTONA BEACH SHORES, FL 32118

Title: D () Delete
Name: GIBBONS, LYNETTE
Address: 222 FLORIDA SHORES BLVD
City-St-Zip: DAYTONA BEACH, FL 32118

Title: VPD () Delete
Name: REEVES, HOWARD
Address: 242 FL SHORES BLVD
City-St-Zip: DAYTONA BEACH, FL 32118

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: VD (X) Change () Addition
Name: HOFFMAN, MARVIN
Address: 108 FLORIDA SHORES BLVD.
City-St-Zip: DAYTONA BEACH SHORES, FL 32118

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

Title: PD (X) Change () Addition
Name: CARROLL, ROBERT
Address: 210 FLORIDA SHORES BLVD
City-St-Zip: DAYTONA BEACH, FL 32118

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 CARROLL

PRES

01/23/2009

Electronic Signature of Signing Officer or Director

Date