

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11036

FILED
Mar 12, 2009
Secretary of State

Entity Name: SEA LODGE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

8560 W GULF BLVD
UNIT 101
TREASURE ISLAND, FL 33706 US

New Principal Place of Business:

Current Mailing Address:

910 COUNTY LINE RD
LUTZ, FL 33548 US

New Mailing Address:

FEI Number: 59-2657602

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DIAZ, JOANN
910 W. COUNTY LINE RD.
LUTZ, FL 33548 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: DIAZ, ANTHONY C
Address: 8560 W GULF BLVD APT #101
City-St-Zip: TREASURE ISLAND, FL 33706

Title: VD () Delete
Name: KING, ED
Address: 8560 W GULF BLVD UNIT 103
City-St-Zip: TREASURE ISLAND, FL 33706

Title: TD () Delete
Name: DIAZ, JO ANN,
Address: 910 W COUNTY LINE ROAD
City-St-Zip: LUTZ, FL 33548

Title: SD () Delete
Name: KING, JACKIE
Address: 8560 W. GULF BLVD UNIT 103
City-St-Zip: TREASURE ISLAND, FL 33706

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: ANTHONY C. DIAZ

PD

03/12/2009

Electronic Signature of Signing Officer or Director

Date